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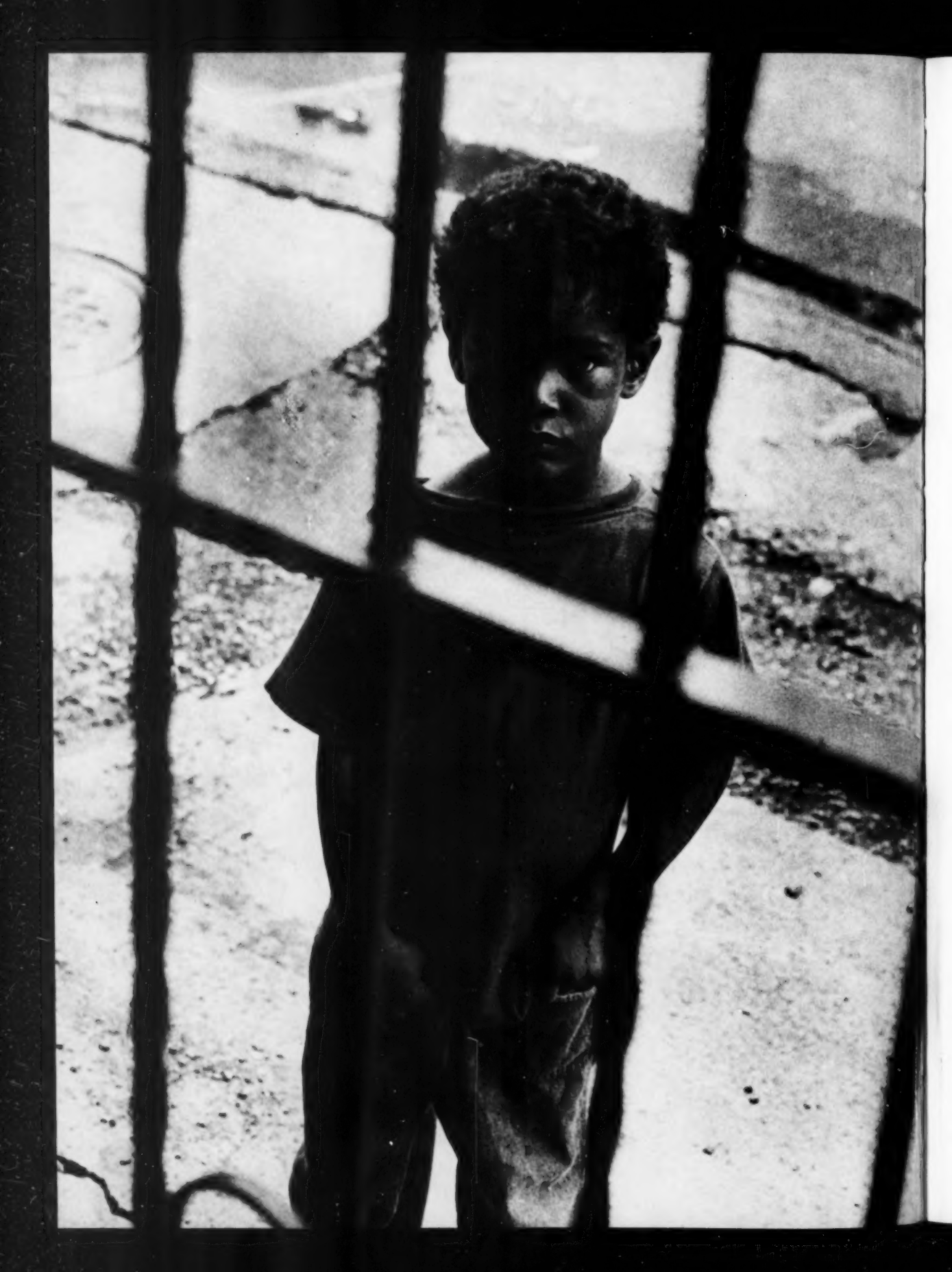

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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

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A prize-winning picture taken by a 17-year-old high school youth of one of his neighbors in Washington, D.C. The photographer, John Davies, received his training at the New Thing Art and Architecture Center in Washington, an organization devoted to raising the level of consciousness of the black community through cultural activities. The New Thing conducts workshops for young people in film-making, African dance, jazz, storywriting, drumming, and sewing, in addition to photography. John Davies' entry was one of 30 winners in a nationwide contest sponsored by the National Association of Photographic Manufacturers in cooperation with the President's Council on Youth Opportunity.

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The material presented here is based, in large part, upon the experience gained at The Johns Hopkins Medical Institutions during the followup of two overlapping groups of children born in 1964 and 65. The larger group consists of about 1,350 children born to women enrolled prenatally in the Johns Hopkins Collaborative Perinatal Research Project, part of the nationwide Collaborative Perinatal Research Study sponsored by the National Institute of Neurological Diseases and Stroke. The smaller group includes about 300 children with congenital rubella, followed as part of the Johns Hopkins Rubella Study. Preliminary results of these studies have been reported in 1966, 1968, and 1969.[1-9]

On successive days in October 1964, two infants with similar abnormalities were born at The Johns Hopkins Hospital in Baltimore, Md. These infants, Richard and Jean, were small for being full term. They had extensive hemorrhagic skin rashes, low counts of blood platelets (substances that affect blood clotting), congenital heart disease, small eyes with glaucoma and cataracts, and enlarged livers and spleens. Subsequently, both were found to be mentally retarded, and one, Richard, to be cerebral palsied and deaf. These conditions were compatible with the symptoms of congenital rubella (German measles).

Indeed, the prenatal histories of these infants showed that both their mothers had had rubella during early pregnancy, one on the second day after conception and the other on the 60th day. These mothers were participants in the Johns Hopkins Rubella Study, and serologic tests had supported the diagnosis of maternal rubella. Rubella, usually a benign infection in children and young adults, can cause devastating fetal and neonatal defects when it occurs in a woman early in pregnancy. Rubella virus was found in cultures taken from many sites in Richard and Jean.

Variations in the clinical picture presented by these two infants became commonplace in our nurseries during the next few months. We remembered seeing a few babies with similar rashes, but without eye lesions, in the preceding months.

The research on which this article is based was supported in part by the National Institutes of Health (grant NB 02371, and contract numbers PH 43-68-12 and PH 43-68-710), and the Thomas Wilson Sanitarium, Baltimore, Md.

RUBELLA

and its aftermath

JANET B. HARDY, M.D.

Richard was the source of infection for a small outbreak of rubella among susceptible student nurses and attendants at Johns Hopkins.[10]

The increase in births of infants with abnormalities at our hospital was being duplicated in other medical centers along the eastern seaboard. Between September 1964 and March 1965, many thousands of "rubella babies" were born in the United States, in the wake of the major rubella epidemic that had occurred in late 1963 and early 1964. In the Eastern United States, the epidemic peak was reached in March and April 1964. Babies who showed the effects of rubella at birth the following fall and winter had been in the early stages of intrauterine development when their mothers had the disease. The nationwide rubella epidemic left an estimated 20,000 to 30,000 children with handicaps caused by congenital rubella.

Baltimore has had a small flurry of rubella each subsequent spring. In at least two instances, the outbreaks seem to have spread from neighboring military installations.

Much has been learned about congenital rubella as a result of clinical and epidemiologic observations of the affected children and their mothers, supported by the use of two specific diagnostic tools—viral isolation and serologic tests.

Congenital heart disease, cataracts, and deafness were a triad of conditions already known to be characteristic of congenital rubella when Richard and Jean were born. While other facets of the disease—such as the rash, low platelet count, and glaucoma—seemed new to us, we were intrigued to find that these had been described in the medical literature of Australia in the early 1940's.[11, 12] To a large extent, however, these conditions had been overlooked in the continuing controversy about the extent of fetal risk from rubella.

On the basis of their retrospective studies Gregg,[11] Swan,[12] and other Australians had described an extremely high rate of defects (80 percent) in infants whose mothers were known to have had rubella during the first trimester of pregnancy, and a considerably lower rate in infants whose mothers had rubella just before conception or in the fourth month of gestation. In subsequent studies investigators in America,[13] Scandinavia,[14] and Great Britain [15] found a much lower rate of defects (10 to 20 percent) in infants whose mothers had rubella in the first 3 months of gestation. The question of bias was introduced when the retrospective and prospective studies were compared. The issue was beclouded by two other factors:

1. At the time of these studies, diagnosis of rubella was based entirely on clinical findings. Rubella could

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not be reliably differentiated from a number of other viral diseases characterized by rash, some of which are not known to harm the fetus.

2. Although subclinical rubella produces no rash or other recognizable sign of disease, it may cause just as severe damage to the fetus of the woman infected in early pregnancy as overt forms of rubella. Thus, some women who have had no history of rubella during pregnancy have given birth to babies with abnormalities.

Late in 1962, the rubella virus was isolated independently by two groups of investigators: Weller and his coworkers [16] in Boston, and Parkman and his associates [17] at Walter Reed Hospital in Washington, D.C. The isolation of the virus and the means of growing it in monkey kidney tissue cell cultures led to the rapid development of a series of laboratory tools for the specific diagnosis. By 1963, serologic tests were being used to diagnose rubella both in postnatally acquired disease and in infants congenitally infected in utero.

In postnatally acquired rubella, rubella virus can be recovered from the patient for a relatively short time, usually from a few days *before* the rash appears until 1 to 4 weeks after it disappears. In prenatal rubella infection, the fetus harbors the virus for many weeks or months. Rubella virus has been recovered at birth from the placenta and from the throat, urine, and rectum of full-term babies, including some otherwise apparently normal babies whose mothers had rubella early in pregnancy. It has been recovered from the eyes and white blood cells of some severely affected babies 2 or 3 years after birth. Babies excreting virus from the throat and in the urine are infectious and should be isolated from susceptible persons, particularly pregnant women. Virus excretion does not persist for long in mildly affected infants.

In postnatally acquired rubella, protective antibodies against the disease can be detected in the blood stream as the acute stage of the infection subsides. Serologic laboratory tests for active rubella involve comparison of the concentration (titer) of antibodies in two serum specimens drawn 10 days to several weeks apart. Tests for rubella antibodies must be conducted under carefully standardized conditions. They are quick and fairly inexpensive to perform.

In congenital infection, the fetus is capable of producing rubella antibodies in response to infection—at least during the second half of gestation. A positive diagnosis of rubella can be made by the isolation of the virus from the infant at birth or during his first few months, or by the determination of specific serum antibodies after the child is 6 months of age.

The general serum level of IgM (immunoglobulin M) at birth can be helpful in diagnosis. A level above 20 milligrams per 100 cubic centimeters of blood serum suggests intrauterine infection,[6] although an elevated IgM level does not indicate rubella or any other specific infection, and the absence of an elevated level at birth does not rule out congenital rubella. In a study of IgM levels in blood from the umbilical cords of 88 children with rubella, only 12 of the more severely affected had elevated levels. In the same study of 97 affected children between 1 and 6 months of age, half had elevated levels.[6]

Handicapped visually and aurally by congenital rubella, Richard, at age 3 years and 9 months, is approximately 10 centimeters (4 inches) under the average height for boys of his age, as this picture shows.

Managing the child

Richard, now 4½ years old, has had almost all possible handicaps associated with congenital rubella. (See box, page 93.) He is now very small for his age and has severe auditory, visual, and mental handicaps, mild cerebral palsy, and his right leg and foot are appreciably smaller than the left. Rubella virus

THE CONGENITAL RUBELLA SYNDROME

as demonstrated by one infant whose mother had rubella on the 60th day of pregnancy

- **Low birth weight (5 pounds) for pregnancy lasting 40 weeks.**
- **Sickly infant with petechial rash (minute skin hemorrhages).**
- **Cataracts requiring surgery.**
- **Congenital heart defect requiring surgery.**
- **Enlarged liver and spleen.**
- **Thrombocytopenia (platelets in the blood abnormally low).**
- **Abnormalities in the long bones detected by X-ray.**
- **Pneumonia.**
- **Diarrhea.**
- **Failure to gain and grow at a normal rate.**
- **Inguinal hernias requiring surgery.**
- **Neurologic abnormalities.**
- **Profound hearing loss requiring two hearing aids.**
- **Severe mental retardation.**

was recovered from his throat, urine, rectum, eye, spinal fluid, and bone marrow at various times between birth and 1 year of age.

Richard spent almost half of the first year of his life in the hospital, where the hospital costs alone for the first 4 months were $7,000. He has returned to the hospital as an inpatient three times and has made numerous other outpatient visits. He received special education at the Maryland School for the Blind and is now enrolled in a special day-care center for the retarded, one of several in the Baltimore area.

Richard's mother, who is gentle, concerned, and warm in her relationships with him, has had an extremely difficult time. When Richard was born, his father was in the military service as an enlisted man on overseas duty. Since then the couple has had a little girl, so that now the father is supporting four people with take-home pay from an unskilled job of $75 to $80 per week. Although bills for medical care have been paid by the State crippled children's program and other sources, the cost of transportation to hospital clinics and special educational facilities has been an almost impossible burden on this family. Another serious problem has been the lack of outside recreational activity for the parents, who have been completely tied down by Richard and his little sister.

One of the major problems in the health management of a child handicapped through congenital rubella—and one which is all too frequently overlooked—is the psychiatric impact of the child's condition on the parents. Feelings of guilt, rejection, and anxiety often lead to despair, breakdown in family relationships, and hostility to those who try to help. The tremendous financial burden on parents whose incomes are just above the eligibility limits for service under the State crippled children's program and other forms of Federal and State aid also affects the family stability. We know of an instance in which one parent was apparently driven to suicide. Other parents have required psychiatric care.

The 1963–64 rubella epidemic continues to exact a large toll on community resources. For example, Richard will never be fully self-supporting. At a conservative guess, he may cost the community more than $200,000 during his lifetime for medical care, rehabilitation, special education, and custodial care.

As multiple handicaps are characteristic of congenital rubella, a multidisciplinary approach is important in management. Repeated evaluation is desirable because the condition of the handicapped child is *not* static, particularly during the child's first 2 or 3 years. Ideally a diagnostic team approach provides:

1. Pediatric evaluation to determine the presence of any manifestations of chronic rubella infection and malformation that may occur, and to assess physical growth.

2. Audiologic evaluation to detect problems in the communication skills—hearing, language, and speech.

3. Psychologic assessment to evaluate mental, emotional, and social development.

4. Sensorimotor assessment.

5. Other diagnostic procedures and examinations to evaluate specific medical conditions, such as heart disease and musculo-skeletal abnormalities.

planning for

A MASS ATTACK ON RUBELLA

The imminence of the licensing of a live attenuated vaccine against rubella coupled with predictions of a rubella epidemic possibly beginning in 1970 prompted the convening of three scientific meetings in February and March to prepare for a massive attack against this threat to the well-being of unborn children. The meetings were:

• The International Conference on Rubella Immunization sponsored by the Department of Pediatrics, New York University School of Medicine; the National Institute of Allergy and Infectious Diseases, and Division of Biologics Standards, National Institutes of Health, held at Bethesda, Md., February 18–20, 1969.

• The meeting of Voluntary Organizations and Professional Societies with staff of the National Communicable Disease Center, held at Atlanta, Ga., February 27, 1969.

• The Sixth Annual Conference on Immunization with National Communicable Disease Center for the Association of State and Territorial Epidemiologists and the Staffs of Immunization Projects, also held at Atlanta, March 10–13, 1969.

The first of these meetings was chiefly informational. It reviewed developments in knowledge about the disease since 1941, when N. M. Gregg, an Australian ophthalmologist, described the serious effects of the rubella virus on the fetus and newborn infant, especially if maternal infection occurred early in pregnancy, and so shattered the scientific community's complacency about rubella as an innocuous childhood disease. The discussions revealed that in the three decades since 1940, rubella has not only posed unique public health problems, such as how to prevent the spread of the disease by "rubella babies" who may excrete virus for as long as 3 years, but has also raised the kind of medico-legal and religious issues involved in considerations of therapeutic abortion.

In addition to being informational, the two meetings at Atlanta were action oriented, with major attention focused on the kind of immunization program that would prevent infection of the fetus in utero, once the vaccine becomes available. Two viewpoints on methods of initiating an attack against rubella emerged:

1. That vaccination efforts be concentrated on reaching all children between 1 year of age and the onset of

6. Careful attention to the social and family implications of raising a handicapped child.

7. Diagnostic summation with recommendations based on the needs and potentialities of the *child as a whole* in relation to the family and the community, including a coordinated plan to meet the child's therapeutic and educational needs.

The findings and recommendations should be discussed with the family in terms that they can understand. Kindness, compassion, and emotional support are essential ingredients in such a conference. The family may need help in learning how to make full use of all appropriate community facilities.

Remedial therapy and special education can do much to improve the functioning of the child handicapped by rubella. The importance of complete evaluation before the child is placed in a remedial or training program cannot be overemphasized. Auditory, visual, or other special training that the child needs to help him cope with his handicaps should be started as soon as he can be taken about. With special preschool education, many children who have defects from congenital rubella can be successfully prepared for admission to regular school.

Because facilities for special education are few in relation to the many children requiring placement, parents and physicians experience a great deal of frustration. More facilities, more and better trained teachers, and provisions for transporting children between their homes and special education facilities are all sorely needed. Transportation is especially needed for children from poor families.

Risks for the fetus

How likely is a woman who has rubella during pregnancy to have a handicapped child? The answer to this question is still not completely known. Unexplained variations in the severity of fetal infection

puberty, since children, especially those in the early school years, are the major source of infection for susceptible pregnant women.

2. That first priority for rubella vaccination be given to women who have just delivered a baby and next priority to school girls in the 13- to 15-year-old range.

The first method, concentration on the vaccination of children, was recommended by the Public Health Service Advisory Committee on Immunization Practices, and concurred in by the Committee on the Control of Infectious Diseases of the Academy of Pediatrics. The committees would give priority to children in kindergarten and the first few grades of school. They would discourage routine vaccination of women of child-bearing age and would only vaccinate those whose immunity status had been tested and who showed susceptibility to the disease.

Advocates of these proposals pointed out that field trials using the live attenuated rubella vaccine in children have demonstrated its safety, efficacy and almost complete freedom from side effects [See CHILDREN, January–February 1969, p. 40], although some troublesome side effects have occurred when the vaccine has been used in adults, principally transient arthralgia (painful joints) and arthritis. Pointing out that generally by early adulthood serologic evidence of immunity to rubella is present—estimates of immunity being as high as 80 to 90 percent of adults—the vaccination of children was urged as the logical long-range plan for eliminating congenital rubella.

The chief exponent of the second method of attack, giving priority to women of child-bearing age, was a British physician.

Advocates of this method, while agreeing to the importance of vaccinating children, stressed the fact that until the disease is completely eliminated susceptible women should be protected. They pointed out that every year, even when there is no rubella epidemic, some babies are born with malformations because their mothers contracted rubella during pregnancy.

Women being vaccinated, it was pointed out, would have to be warned to take precautions against pregnancy for at least 2 months because of the danger of damage to the fetus from the attenuated virus. They would also have to be warned of the possibility of suffering side effects.

There was complete agreement that pregnant women should not be vaccinated because of possible danger to the fetus. This pointed up the clinical dilemma posed by the pregnant woman who either is exposed to rubella during pregnancy or develops a rash that may be caused by rubella.

Warnings were also issued that while significant progress in reducing congenital rubella could be made with widespread use of the vaccine, difficult problems and questions would remain for future solution. For example:

- Can a further attenuated rubella virus vaccine be prepared which will be effective and yet be free of side effects when administered to adult women?
- Can an attenuated virus vaccine be developed which will not harm the fetus if given to a pregnant woman?
- What is the duration of immunity to the rubella vaccine?
- Is it realistic to expect at some future time the elimination of rubella as a cause of fetal death and congenital defects?

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Chief, Program Services Branch
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appear from case to case and from one geographic location to another.

In the Baltimore-Washington area, we have found that more than 50 percent of the women with documented rubella in the first trimester of pregnancy have suffered fetal loss through abortion or stillbirth or have delivered handicapped infants.[1] In our series of 24 women who had clinical rubella between the 14th and 31st week of pregnancy,[7] there were two fetal losses, seven children who now, at 3 to 4 years of age, still seem normal in all respects; and 15 children with some abnormality. The handicaps of the children whose mothers had rubella in the second or third trimester were not insignificant although not as severe as those of children whose mothers had rubella in the first trimester of pregnancy. For example, 10 of the children had communications problems: six, a significant hearing defect; two, a mild hearing defect, mild mental retardation, and delayed language development; and two, now at the age of 3 still have no useful language, although they seem to have normal hearing and intelligence. Small body size (weight, length, and head circumference at or below the third percentile for race and sex) has been an isolated finding in some infants with congenital rubella acquired after the first trimester of gestation.

Susceptibility

Before the epidemic in 1963, about 80 percent of the women of childbearing age followed in the National Collaborative Perinatal Research Study were found to have antibodies to rubella and thus were not susceptible. Susceptibility rates were higher among Negro than white women (in some areas 50 percent of Negro women were susceptible) and among younger than older women. In 1965, when the survey was repeated, 94 percent of the pregnant women—both Negro and white—were found to be *not* susceptible. Recent studies[18] of innercity residents in

east Baltimore and a cross-section of residents in Frederick County in Maryland suggest that 90 to 95 percent of persons over 15 years of age are no longer at risk of developing rubella. However, another survey indicates that a significantly greater proportion—about 30 percent—of women in California may be susceptible.[9]

Ideally, antibody studies to determine susceptibility to rubella should be done for every woman likely to become pregnant, before the first pregnancy. When a safe, effective rubella vaccine becomes available, susceptible girls and nonpregnant women should be protected by vaccination. As the vaccine presently being considered for licensing is a live virus vaccine and its possible effect on the fetus is unknown, it should not be given to pregnant women.

At present the pregnant woman who is suspected of having rubella, or of being exposed to it, should have serum antibody tests made. Some State health departments and commercial laboratories provide this service. If the tests indicate that rubella infection is present during the early months of pregnancy, particularly during the first 4 months, the risks of fetal death, malformation, and the emotional trauma associated with raising a handicapped child are sufficient to warrant the physician's discussing with the woman and her husband the possibility of terminating the pregnancy, if the law permits this to be done and they desire it.

The injection of a large dose (20 cc.) of gamma globulin into a pregnant woman who has been exposed to rubella has some protective value, but it may merely mask the clinical symptoms of the woman without protecting her fetus. Some infants have been born with congenital rubella although gamma globulin had apparently protected the mother during pregnancy.

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Today's youngster is likely to ask *why* before he says *yes, sir*—and that's the way it ought to be. If, after the *why* is clear and accepted, then, you get a *yes, sir,* it will be one you can count on because it really means something.

Richard T. Frost, Reed College, Portland, Oreg., to the 1968 forum of the National Conference on Social Welfare.

on being a whitey in the midst of a RACIAL CRISIS

RUTH R. MIDDLEMAN

Never before has it been so urgent for the white community to stir itself from lethargy and listen to what black people are saying. I became especially convinced of this during my experience last spring—immediately following the death of Martin Luther King, Jr.—as the only white person in one of the discussion groups for high school students sponsored by the Motivation Program of the Philadelphia Board of Education.

In the shift of middle- and high-income populations from the cities to the suburbs and of vast numbers of poor people from rural areas to the inner parts of our cities, the cities' problems of providing the kind of education their young people need in our changing world have become tremendously complex. Philadelphia's Motivation Program represents an effort to enrich young people's school experience by giving them the kind of personal attention generally missing in the large city high schools of today. I was brought into the program in 1967 to be a discussion leader for groups of high school students. Since I have special training and experience in working with groups, I was asked to be part of a small team of psychologists and social workers who would meet with the students and their parents to consider the normal problems of growing up in today's world.

The Motivation Program seeks to reach its goals of curriculum enrichment, parent involvement, and community participation in school affairs through tutoring, cultural enrichment, and group discussions. One of its major goals is to stimulate high school students to go on to college. To give students and their parents at least superficial familiarity with the "feel" of college life, group discussions are held on the campuses of local universities. Implicit in this approach is the expectation that the students will come to feel going to college is worthwhile and that their parents will want them to have such an experience. The high schools select students for the program on the basis of their potential for success in college, given sufficient parental support and personal preparation.

The students selected are assigned to a series of seven weekly discussion sessions held on Saturday mornings. Participation is voluntary. The students in each series form a large discussion group, which is divided into four smaller coeducational groups of about 15 students each. White and black students are often deliberately mixed in one small group. For the first and last sessions, parents are invited to join the students in the large group for discussion. Each large group has two discussion leaders, a man and woman, who may also work together in various patterns of collaboration in the small groups.

The program's discussions are focused on the normal experiences and strains that confront high school students in growing up, on the theory that academic achievement is often impeded by dysfunctioning relationships outside of school life as well as within it. The discussions deal with attitudes, feelings, and opinions; they challenge students and parents to look at various sides of current problems. Discussion leaders ask the group to consider the consequences of various modes of action. Group members learn how to express their own opinions cogently as well as to respect the opinions of others. Each group, as it is ready, discusses a progression of subjects—understanding oneself, getting along in the family, premarital sex, use of drugs, attitudes toward school and teachers, concern about Vietnam, feelings about one's future in present-day society.

While the leaders help students realize that knowl-

edge of an issue and capacity to look at various sides of a problem contribute to a more adequate approach toward settling differences, they grant that adults do not necessarily possess better answers than young people. They point out that parents—who sometimes feel vexed, troubled, and inadequate—can become less authoritarian in their responses if both parents and children talk out their differences calmly and try to understand each other's point of view. The leaders place themselves in the middle, between students and parents, siding with neither.

The students' enthusiastic response to the group discussions has exceeded expectations. Some students have asked to return for more discussions after their first series has ended; others have stayed through two sessions on the same morning. Many have brought along friends not registered for the program. At times, a student's parents have caught his enthusiasm and have asked if his brother or sister could join the group. Because the program is intended to affect student attitudes, it has acceded to such requests whenever possible.

The program has also had a salutary effect on the morale of many parents. They have raised the same issues discussed in the group sessions with the students and worked on these issues further in the monthly meeting for parents, also sponsored by the Motivation Program.

All told I worked with six discussion groups last year. In the first four groups white students predominated, although each had a few black students. In these groups, while the students were honest in expressing their opinions and often concerned with the problems they had with adults, I found the situation comfortable and never really felt I was under personal attack. One of my techniques in approaching high school students was to look accessible: I wore skirts and sweaters and textured stockings. While I had no illusions that I looked like a teenager, neither did I look like a professor. I deliberately avoided professional jargon, keeping my vocabulary simple and using the students' idioms.

In the last two groups, I found myself on the spot as a member of a minority race.

Getting with it

In the sixth group, in which the experiences described in this article occurred, all but one of the students were black. For this group I was assigned to work as coleader with Thomas W. Pierce, a psychologist at the Philadelphia Child Guidance Clinic. A black man of great compassion, commitment, and skill, he was greatly admired by the students. Using the students' own language, he employed a simple but psychologically sound approach to group dynamics. His reputation for excitement and honesty had spread throughout the schools. Students clamored to be in his groups. Because he put his stamp of approval on me, I, though white, was tolerated by the students and the discussion flowed freely.

Whether it was Tom Pierce's skill as a group leader or simply the students' need to express dissatisfaction with their hectic, restless style of living, I am not sure, but these discussions were more lively, exciting, and stimulating than any other I had known. At times I could not follow the fast interchanges between students. The special words, meanings, and innuendoes that young black people use when speaking with each other were incomprehensible to me. But most of the time I got the message.

I tried hard to "get with it." In the early sessions I was deliberately confronted with the fact of being different and asked to give my opinion as a white woman on whatever was under discussion. My stance was to be honest and open, and not attempt to try to justify what cannot be justified.

For example, in the second session, Jane, a militant black girl, who was vice president of her almost all-black high school with a great deal of experience in confronting white school administrators, angrily turned on me. Calling me a white liberal, she said she was sick of people like me with good intentions who had really not helped the blacks one whit. I didn't understand, she said, because I had never *lived* in her neighborhood. She said that if I spent a day in her home I would learn something about the noise and crowded conditions that made studying impossible. When she finished talking, the group looked expectantly at me. For a second, I was set back by

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the strength of her argument. Then I answered sharply, "You are doing to me just what you say you don't want whites to do to you. You don't know me and yet you say you know just what my experiences have been. You lump me in with all the whites in your stereotype. I am one person and you haven't talked with me enough yet to know what I feel or what I have experienced!" My indignation had a great impact on Jane and on the group. They settled in to letting me take part in their discussions. Afterward, Mr. Pierce told me he was glad that I spoke with such force.

Although Mr. Pierce and I each had our own style, professional orientation, and separate stereotyped meaning to the students, we developed rapport as leaders and grew to appreciate each other. The searching questions of the students forced us to hold private discussions with each other of our views of life. I was pleased when, at the end of the fifth session, Mr. Pierce invited me to his home to meet his family. In many ways we became closer to each other than either of us did to the students.

Our intense and authentic emotional bond provided a new experience for the students, illustrating what we were talking about when we referred to mutual respect and concern for one another.

Two days following the murder of Martin Luther King, Jr., we had an especially dramatic session, our final one of the series. The whole Nation was still in turmoil, with all of us—adults and young people—stunned by the terror and irrationality of the event. This discussion, a microcosm of the whole world's consternation, affords a view of the attitudes and feelings of young black people at that time. Its value lies in the fact that in the group these attitudes and feelings were *openly and responsibly* expressed.

The following notes on this session were originally made to advise the program's director of my feelings as a group leader about the urgency of providing more young people with such opportunities to express and sort out their feelings if the present chaotic relationships between the races are not to grow worse.

A confrontation

This was the week of our final session when we would meet with students in the morning and then with students and parents in the afternoon for a final summing up of the experience. The one white boy did not show up. Judging by my own apprehensions of what might follow the assassination, I was able to understand why he would stay away.

Some students in the Philadelphia Motivation Program in a discussion with leader Thomas W. Pierce (second from right).

I had telephoned Tom Pierce the day after the assassination to sort out my feelings about it and let him know how I felt. Mr. Pierce, although stunned by the news, had spent the day trying to help elementary school students in their shock. He said I just *had* to attend our discussion group the next day. I replied that I had never questioned this because I knew that I could not do anything *but* come. What I could possibly say that would have any meaning was another problem. Our conversation generally reassured us that we were together in feeling, just as we had been throughout our earlier discussions.

I mulled over the situation on my way to the university on Saturday morning. I knew that by now I had established a fairly good rapport with the students. They had expressed many doubts and much anger toward white people because of their less-than-equal opportunities in school and work. I knew they considered me honest and regarded me as a person who would accept without retaliation, explanation, or justification their resentments against the world as they found it and against white people in particular. I must admit I was scared, but I counted on the students' general liking for me, even though I was white, and my previous fairness in considering problems.

When Mr. Pierce and I entered the room, we found a girl waiting for us. Her first comment was that one of us better write her a note to take home, because her mother would not believe that our group would really be meeting this day and would wonder where she had been. Mr. Pierce said he would do better than that; he would telephone her mother and try to get her to come to the afternoon session. While he was

gone, several other students arrived, tense and expectant. I wanted to delay starting the discussion until Mr. Pierce returned so I could have his support. But this was not to be.

Jimmy began it by directing a burning question to me as soon as he entered the room. He went right to the point. He talked about being a track star, knowing many white people all his life, liking some of them, and being taught that he should try to like them. But now how could he? He said he was utterly confused. All he could feel was anger and rage against *all* white people for what had happened. He didn't know how he could ever get over such feelings. Finally he wanted to know what I had to tell him about THIS!

So there, out in the open, was the theme that was to consume our energies for the next several hours. In response to Jimmy I told about my telephone call to Mr. Pierce the day before, my own shock and horror, my understanding of why he might feel such hatred, and why I had no pat answer on how he could feel otherwise. A terrible thing *had* happened. I said I didn't intend to try to talk him out of his anger. But I wanted him to notice that I was *here* this day to talk with the students, to look together with them at how we all felt, and most of all to keep communication open between us. This, I said, was what we had to do this day. I hoped that people everywhere would be able to do the same.

Violent reactions

The precise exchanges in this meeting are impossible to report verbatim. We were so involved that it is hard to remember everything that was said. The students were full of feeling—hate, giving up on white people, hopelessness, the futility of Dr. King's nonviolent approach. To them what happened confirmed the argument that the nonviolence was "way off" as a solution to their problems. They expressed impatience, cynicism, and pessimism.

At one point, Michael turned to me and announced, "If I were you, I would be home hiding under my bed right now." According to the students, the black revolution would come whether or not they, or we adults, wished it.

I was glad when Mr. Pierce returned. As in previous sessions, he personalized the dilemma of black and white by using the relationship between himself and me as an example. He asked the students what he should do if he were walking down the street with me and some black people he did not know tried to "grease" me. Should he ditch me or go down with me? The students said he should ditch me, that he would be left stranded if he took any other course of action. I would never take *him* home to *my* house, they said. Although I protested that I do have black friends of mine come to my house, they did not seem to believe me because they did not know any black people who had ever been invited to a white person's home.

Mr. Pierce, with great emotion, tried to get each student to consider how he would react in this situation with a white friend. But most of the students had no white friends so they could not relate to the problem. One or two said they did have a white friend, but added, "No, I would not stand up for him." However, their tone and facial expressions indicated that they were undergoing great emotional confusion and that turning their backs on their white friends would not be easy.

Mr. Pierce carried most of the discussion while I responded here and there, serving mainly as a target for the students' bitterness. He tried to get across to them that rioting and self-destruction were not a wise course of action for black people. Adult arguments—his, mine, and later the parents'—fell on deaf ears. I found myself utterly frustrated because the young people seemed so set in their attitudes. They kept telling us of how long black people had been persecuted, and of how little our ways and thinking had helped the world. They pointed out that we of the older generation just could not possibly understand how they felt. They said that they did not care whether horrible destruction and death for white and black alike occurred if eventually things would be better than they were now.

At one point, Mr. Pierce tried some role-playing. He asked each student in turn to "think white" and me to "think black." This put the students under a terrific strain. At first they said they could not possibly do this, but he persisted. Finally one after another the students made some hesitating attempts to mouth the stereotyped attitudes of white people about black people. Then the idea caught on and the role-playing became easier for them. I did my best to express black anger. The students shifted for a few minutes into conversing among themselves, pretending they were white people and joking and hooting at what was said. Finally, Robin said softly, "I pity the white people; they must feel awfully bad right now." Her sentiments were not shared by the others, but were met by bitter laughter.

The group was still upset and angry when at noon we moved to a larger room for an afternoon session with parents and other students. I was spent from the intensity of the morning's experience, so I left to get sandwiches for Tom and myself. He stayed with the students.

While I was in the cafeteria, Jimmy came up to help me carry the sandwiches. He said awkwardly, "I hope you can understand why I had to say what I did to you this morning. I do think you're a pretty nice person and I don't like to think of your being killed, but I just have to feel this way and will have to be part of it if it happens." I was very touched. I told him that I understood and still thought he was a fine person. I added that I had two teenage boys of my own and hoped to live long enough to see them grown, but if I had to die, then I was ready to do so.

Change in tone

The afternoon session had a slightly different tone. We were joined by parents, discussion leaders, and students from two other groups. There were two black students—one very vocal girl and one boy—who spoke against violence as a solution. In spite of being jumped upon by most of the others, the girl stood her ground. After listening quietly for about half an hour, a 40-year-old father made an impassioned plea for restraint. He told the group he had dropped out of high school but had returned as an adult and had received his diploma only a year ago. He tried to impress upon the young people that advancement was possible, despite all they said about the inferior quality of education in their schools, if they would stick with it and make the most of their opportunities. His opinions seemed to fall on deaf ears.

A mother told of visiting a junior high school where she observed what she described as wonderful training opportunities "better than Bok Vocational High School"—the students learning to make beds, do tailoring, and master other practical skills. She quoted the black principal as saying that the school had obtained the program because the parents had spoken up through their community group. Our students dismissed the training program she described by saying that the white schools got all the good things.

Near the end of the meeting, I said that I had been listening to their message—that they had been telling me all day what I should go and tell my white friends. Now I had a message for them, my black friends.

I said the young people who were at the sessions without their parents should go home and tell their parents what we had talked about today, trying to get their parents interested and active in the schools. I spoke of school improvement being achieved, not on a racial basis, but on the basis of pressure from parents who spoke up for what they wanted their children to have. When some students talked about their parents' not knowing how to speak up, I urged them to help their parents to do so. I also spoke of how such things as the Motivation Program helped to correct the balance a bit.

I left feeling wrung out. I was sick all over—headache, stomach ache, and mainly heartache. In my 25 years of working with groups, this had been the most intense, difficult session I had ever experienced. It called on everything I had as an adult white member of our society—and found me wanting. As I thought about all that had been expressed this day, it did not seem to me that the students had changed much, unless being together and ventilating all that feeling had somehow helped to relieve the strain on them. Still, they had been frank; we had heard them and expressed our adult values. Perhaps in their confusion they might remember something we had said about how much we valued them.

Not long ago, I had a telephone chat with Tom Pierce, who told me two things of interest. He had invited all students in the group to a meeting the week following our discussion and many had come. At this meeting the intensity of the anger had diminished somewhat. The students talked much about how they would carry on, what college life would be like, and how they might try to get along with others in new situations. Jimmy, who still dropped by to see him from time to time, had decided to go to college instead of becoming a tailor. On one visit, Jimmy had asked how I was.

The lesson

What is to be done next? Surely more and more such approaches at communication must take place to help young people gain a sense of their own self-worth and of their worth to the larger community. The separation that exists between black students and white students is the shocking reality of our day. There can be no change of attitude, let alone change of behavior, while the black students cannot even call to mind one white friend. The foregoing experience was limited in its usefulness in bringing the races together in that all but one of the participants

were black. For some of the students, having a frank discussion with even one "whitey" was a new experience.

Many months have passed since I had this experience. Much has happened and much has not happened. I find myself still hearing the students tell me, "Tell THIS to your white friends . . . ." And I find myself remembering other parts of that discussion:

"We're sick of hearing that prejudice is a disease and that we have to understand that. We don't care that the white man has this problem."

"When the next riots happen, they're not going to be in our neighborhood but in yours."

I can remember the students' lack of concern when I described my own experience with prejudice as a Jew as I grew up. From their point of view, it was irrelevant that I had trouble getting a first job. One student noted that prejudice had not kept me from knowing since childhood that I would get to college. It had not made dropping out or giving up part of my family's culture or of my friends' experience. All I had to do was make some practical choice and continue to pursue my essentially self-confident course. In one fell swoop, a longheld and slightly self-pitying memory had been debunked.

I can also remember, with horror, how calmly the students discussed the knife fights in their schools; how vividly they talked about what they would do in a riot—they had all been part of little pieces of such conflict already; how unconcerned they were when I mentioned that my son had, without provocation, been hit in the stomach by a black friend the day after the assassination. I can hear the students tell me that we "whiteys" just do not understand that they see things differently than we do.

In retrospect, it seems to me that the soundest part of the experience was not what we had talked about but how the discusssion had been led. A white woman and a black man talked back and forth with each other, as well as with the group, sharing a piece of their own lives and accepting each other's differences. The students might remember this more than our most cherished opinions and philosophies. Did this kind of leadership help them see a possibility of a fruitful exchange between blacks and whites?

I had this experience not simply because of my own skill in group discussions. I could have met with the black students for months and never been part of such intimacy. Partly, I rode along on the rapport developed by Thomas Pierce. I was in the group while the members "leveled" with someone they deeply trusted. He helped them to permit me to participate in their thinking. Partly, it happened because of their shock at losing a great hero.

I know now that this experience has probably altered my life far more than it did theirs. For I am one "whitey" who had the good fortune to see and hear "how it is." Can I possibly transmit this well enough to white people to increase their understanding in time to avoid the kind of holocaust the black students talked about so vividly and with such certainty? Can other white adults possibly learn to change their views of life, reassess their opinions of why and how things are as they are, and learn to listen? Can I myself learn to hear properly?

I am still carrying the students' message—their warnings, their desperate urgency, their volatile reactions, and their faint hopes for orderly change—to "my white friends" on every occasion I find. And I have found many occasions: a program in the auditorium of a prestigious suburban private school; the annual meeting of the board of the local Boys' Club; and my own classes at the University of Pennsylvania.

I know that I am teaching differently now. For I have seen at close range that much that I had once believed about race relations is simply not useful today. I have been working with a racially integrated faculty to prepare for the opening of Temple University's new Graduate School of Social Administration in the fall of 1969. One of our major aims is to bring black graduate students and white graduate students together to work on problems of the urban ghetto.

I believe that the central educational objective of the schools now must be to teach students to live with change and be ready to solve new problems. And this kind of life approach must be taught by adults who are able to accept new patterns and ideas and who have poise and resilience. The first necessity is to learn to hear!

AGGRESSIVE GROUP WORK with TEENAGE DELINQUENT BOYS

HARRY E. GROB, JR.
ERIC F. VAN DOREN

"What sort of stinkin' mess have we got ourselves into?" we asked each other. It was beastly hot, we were tired and sore. We were asking each other for encouragement to go ahead with the project.

As program director and social worker at Chaddock Boys School, Quincy, Ill., a private institution for teenage delinquent boys, we had begun extensive planning many months before for a wholesome summer program for the boys. Study groups, seminars, various committees, and endless staff discussions had been used in an effort to develop something worthwhile. By late spring, we had thought we had a well-planned, constructive summer program.

An unforeseen hitch had developed. The institution was faced with a shortage of relief houseparents that seemed likely to continue until fall. This meant that the regular houseparents would have no time off and so could not be expected to add participation in the summer program to their duties. Therefore we created the Valley Project to (1) provide a substitute summer program; (2) reduce pressure on houseparents; (3) demonstrate to the staff some of the principles involved in work with delinquent boys; (4) offer the boys added group experience;[1] (5) learn more about teenage delinquent boys; and (6) help with community relations by clearing up an unsightly section of the campus.

We had our plan and knew the direction we wanted to take. The idea was to clear and beautify a swampy, brush-covered valley that had not been cleared for at least 35 years. Dead trees were to be cut down, their stumps completely removed; buck brush, grapevines, and weeds were to be cut and burned; junk and trash were to be pulled and sludged from the bottom muck; razor-edged swamp grass was to be hacked out. The entire area was to be raked, mowed, and reraked. The snake, rat, and mosquito infested swampy "jungle" was to become an open valley graced by "home grown" seedling trees and a clear, running stream fed by its natural spring.

Covered with blisters and beads of sweat after our first couple of hours of looking the area over and hacking a few weeds, we already began to look to each other for support.

The two of us spent approximately 150 hours working side by side with the boys as we supervised the project. Three mornings a week for 3 months we took one or two groups of boys to the area to be cleared, alternating the groups so that every boy at Chaddock participated in the project. A work group usually consisted of all the residents of one cottage—about 10 boys. Each work session normally lasted between 4 and 5 hours.

We kept the rest of the staff informed of our plans, our progress, and the principles involved.

Focus on principles

By agreement, the cottage staff members evaluated our work with the boys. We had daily sessions with the houseparents of each cottage and monthly group sessions with the entire child-care staff. In these meetings, the attention was focused on the principles we were trying to demonstrate and the effect they had on the boys. Undoubtedly the discussions were affected by the fact that the staff members were fully aware of the adverse conditions under which we were attempting to demonstrate these principles, for we came to the meetings straight from the valley in our sweaty T-shirts, with scorched, infected skin and bleeding, blistered hands.

One principle we wanted to demonstrate was that the boys would be encouraged to cooperate if they had (1) a choice in whether or not to participate in the

project, (2) an opportunity to help formulate the goals, and (3) a clear understanding of the goals.

Before each work session, we would assemble in the shade of an oak tree overlooking the valley. A warmup talk was usually initiated by one of the boys and concerned the progress of the work project. After the talk, we gave each boy in the group an opportunity to speak up if he did not want to work that morning. Any boys who declined to work were allowed to sit on the bank and watch the rest of us work. Invariably these boys soon joined the group of their own free will. For example, there was Charles, a defiant boy who usually managed to maneuver adults into a power struggle and who was sometimes downright frightening with his threats and potential for violence.

"You ain't making me do any work," Charles growled one morning. While the rest of us started to work, he remained seated under the oak tree. Soon, however, he sauntered up to the program director.

"Ain't you gonna make me work?" he asked.

"Nope," was the response.

Mumbling, "The man must be crazy," Charles began to work.

Charles continued to test us with his defiance. We always responded in a way to convey: "If you want to help, fine; if not, we still like you." Eventually, during his individual counseling sessions with the social worker, Charles began to seek an understanding of his experiences in the valley and what they had taught him about "how to get along with people who treat you right."

We encouraged the boys to adopt the slogan, "Understand the deal before you start working." In the early days of the project, we outlined the general goal for the morning as well as each boy's assignment. We made sketches in the dirt, told them what needed to be done, and demonstrated how to do it. We gave the boys ample opportunity to ask questions. We also asked each other about unclear points to help the boys see the usefulness of asking questions about what they did not understand.

If a boy seemed not to understand his assignment clearly after we began work, we reassembled the group at the oak tree. The problem was mentioned. We emphasized the group's responsibility for seeing that its members carried out their assignments. It did not take long for the boys to sense when a youngster was "putting on" and to advise him, "If you don't want to work, you know you don't have to, but if you do, then get with it." When a boy actually did not understand his assignment, the other boys helped him but also reminded him to "speak up next time."

While in the beginning, by design, we presented boys with the familiar situation of adults doing the deciding, gradually we encouraged the boys to formulate the work goals themselves. We did this by challenging them to participate in our discussion of what should be done that day: "We want the babies among you to sit, listen, sulk, and stew. We want the men-to-be to speak up. If there's no talking, then we'll have to do the planning for you."

For several sessions the boys tested our sincerity in making this challenge. At times they would just sit, and at times they would give extreme and obviously unreasonable suggestions. Gradually they seemed to sense our conviction that a group is obligated to participate in working out its own destiny. The briefing sessions under the oak tree underwent a change. Without being asked, the boys indicated their willingness to work. We designated the area in the valley where work would be done that morning and then encouraged the boys to discuss what kind of work to do and who was to do what part of it.

Staff reaction

Generally, the houseparents responded positively to our efforts to encourage the boys to cooperate. The boys' happy spirits as they returned to their cottages caused a great deal of comment. A typical houseparent reaction was to ask, "How can the kids be so darned happy after working down there in 100-degree heat, pouring rain, and everything else?" Our response to such a question was to invite the houseparent to come down to the valley and see for himself. Observing the work, a housefather remarked, "It shows that kids will help on even the grimiest jobs and be happy—if they're treated like human beings."

The houseparents also noted that the boys were showing greater willingness to participate in working toward various cottage goals and were doing so more constructively. The houseparents themselves showed more awareness of the resentment that young people, as human beings, feel about their lack of voice in their own destiny.

One housemother, for example, after writing a thank-you note to a person who had sent a gift to the cottage, assembled the boys and asked them, as she usually did on such occasions, to sign their names. She was met with silence. She then thought of the valley project and asked the boys how they would rather handle the matter. The general response was, "Whatever you say, Mom." But she persisted in ask-

Harry E. Grob, Jr. (left), and **Eric E. VanDoren** report here on their experience in a summer program for juvenile delinquents while working as program director and social worker respectively at the Chaddock Boys School in Quincy, Ill. Mr. Grob is now chief of social services and Mr. VanDoren is a supervising social worker at the Illinois State Training School for Girls, Geneva. Mr. Grob received his master's degree in social work from Washington University, St. Louis, Mo.; Mr. VanDoren, from Missouri University, Columbia, Mo.

ing for the group's ideas saying, "I'm just thinking that it really isn't fair to ask you to sign something you didn't write."

As a result of her persistence a number of ideas were forthcoming: letting one of the boys who aspired to be an author write the letter; having only those boys sign it that wished to do so; having the letter delivered by a small committee of boys accompanied by the housemother. The housemother agreed to this procedure. Afterward she worked with the cottage group toward other goals in the same way.

In discussing our work with the staff, we told of our failures as well as our successes.

We had erred, for example, in handling Jim, a bright lad who had been pushed around so much in his 16 years that he was not about to hurry for anybody. During one work session Jim tested our work-at-your-own-pace policy by loitering on the job. We scolded him for not having told us sooner that he did not want to work that day, and as a result he spent the next two work sessions just sitting on the bank staring at us. We had erred too in dealing with Douglas. A new boy who had arrived at the institution the day before, Douglas had not had time to catch the drift of the project. We were particularly tired and hot that day. When Douglas began to question the value of the project and why he had to participate in it, we responded, "If you don't want to participate then just go on back home." He did—several States away.

In discussing these incidents with the staff, a housefather remarked, "You know, I've run boys off, in one sense or another, in both those ways too. As I look back on it, each time the boys didn't really feel a part of things."

As a whole the cottage staff had two major questions about the advisability of encouraging the boys to cooperate voluntarily. First, they asked whether the boys wouldn't take over the institution if they were permitted "a say." In answer to this, we challenged staff members to give us an example of a situation in which any such attempt had occurred because boys had been given a chance to exercise initiative. One staff member offered two examples of "boys getting out of control." We asked that these examples be analyzed in a staff group discussion. In this discussion an observant housemother pointed out that the principles involved in encouraging voluntary action *had not* been applied in either situation; that, in fact, the boys complained of had been permitted simply to "run loose." The complaining staff member acknowledged that in both examples such undirected permissiveness had been allowed "just to see what the boys would do."

The second question had to do with the belief held by some members of the staff that "boys learn by being made to do." We praised these staff members for expressing their opinions and did not argue their point. However, we expressed our belief that boys must learn to deal with reality, and that reality should not be composed exclusively of "having to do." Probably we did not change anybody's point of view at that time, but perhaps we helped some staff members think about alternatives to their own viewpoint.

Encouraging ideas

The Valley Project offered us an opportunity to demonstrate the effectiveness of certain conditions in encouraging creativity. As a result, the boys barraged us with ideas that came out of their own thinking.

Years of being expected only "to speak when spoken to" or of thinking only in terms of "keeping ahead of the rat race" had failed to nurture the potential for creativity in these boys. Yet, we believed, buried somewhere in their defensive, scrambled thoughts were creative ideas. We believed that the necessary conditions for bringing these ideas to the surface were for the boys to settle down enough to think logically, to feel that the request for them to contribute ideas was sincere, and to be willing to face reality.

We also believed that when a boy is constantly under fire he cannot be creative. He cannot produce ideas under the kind of stress that comes from harassment, ridicule, or always having someone on his back. In the valley we tried to reduce this kind of stress. We would not let a boy begin working if he

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was markedly upset and we would not let a boy continue working if he became seriously upset on the job. We allowed good-humored joking and kidding but not meanness or ridicule. We attempted to show the boys that we sincerely wanted their ideas. We included them in decisions, discussions, and small talk.

The response to our request for ideas from the boys sometimes had both immediate and continuing results. It did, for example, with Albert, who was caught in a cycle of being frequently picked on by the other boys and reacting with behavior that drew further criticism from them. When we asked Albert to help us find a way of keeping the water away from the muddy low spots in the valley, he suggested a plan for draining the water through channels rather than trying to hold the water back through dams. The plan worked, and we continued to encourage Albert to present ideas born of his engineering talent. The pressure of criticism on Albert diminished, and he became more at ease and more a part of the group.

We tried to take advantage of as many sparks of interest as we could. The phenomena of nature helped. The boys began to show interest in the birds, trees, and wildlife. They began to ask questions: "Why do we only hear certain birds early in the morning when we begin work and not later in the day?" "Would it be okay if we caught a sample of each kind of bug that bit us to take to school?" "Can we send some of these weeds someplace to find out what kind they are?" Out of such interest flowed ideas.

The necessity of facing reality also helped. Each boy had to make a choice: "Is it fun and games forever or do I really want to grow?"

Each boy had to decide whether he really wanted to be a part of the working group. It was usually obvious to everyone which boys wanted to be a part and which ones did not. Fred tried to fool himself as well as others, by acting as though he were busy and claiming most of the credit, although actually doing little work. One day another boy, Robert, confronted him: "Look, Fred, the world just ain't this way. The only thing you're doing is looking for whatever you think you might get out of it. I feel sorry for you, Fred, because things just don't happen your way."

As the project progressed, most of the cottage parents increased their efforts to encourage the boys' ideas. Boys would return to their cottages and tell the houseparents about the suggestions they had made during the work session in the valley. Often they were met with such comments as, "That sounds good, perhaps we can use that idea here too."

A few staff members were worried that we might be letting the boys tell us what to do. They said they always knew that the boys had a lot of their own ideas that they just weren't mentioning and asked us whether we weren't encouraging them to start telling us how to run things. Sensing this attitude in a staff member, one of the boys told him, "I know you don't want my ideas on things; that's why when you ask me what's wrong today I don't ever tell you."

Stumping the slump

About halfway through the project, we felt a need for a "picker-upper." We noted some restlessness and a drop of enthusiasm among the boys. We were tiring some ourselves. To help counter this slump, we challenged the boys to a stump removal contest. We talked to each cottage group separately, presented our plan, and asked for and got the ideas from the boys.

We divided the valley into four areas, one for each cottage. A rough count of tree stumps came to about 250. Walking through the areas with the boys, we pointed out that each area contained over 60 stumps that needed to be removed before it could be mowed and the project considered completed. We told them that for the contest the circumference at the base of each stump would be measured and each cottage group's entry would consist of the total measurement of the stumps removed by the group. The judges would be the academic tutor and the cottage housefathers.

One especially cooperative group of boys asked what they could do if when they finished removing all the stumps in their areas, some stumps still remained in other areas. All of the groups agreed that if a group finished removing the stumps in its area, then the stumps in other areas were "fair game."

The stump project changed the way some boys were regarded by others. One boy whose image in the group improved was Dean, whom the boys had disparagingly called "Miss Dean." When he had entered the institution several months before, he had brought along a huge box of "comics," a supply of corn plasters, bubble bath, hand lotion, a large supply of handkerchiefs, and assorted pills and prescriptions.

We learned that besides carrying around several "hankies," Dean carried a keen sense of curiosity. Finding him standing alone in the rain one day, the social worker asked what was bothering him. He said he was wondering "why some kinds of stumps were so much harder to get out than others—maybe

it was the difference in root structure." Another boy, who had sauntered up just at this point, laughingly suggested that Dean find the toughest stump he could and spend the next couple of years trying to remove it. The social worker, however, encouraged Dean's intellectual approach to the problem, and for almost 2 hours the boy experimented in the rain, developing techniques for removing different kinds of stumps in different ways.

When he returned to his cottage soaked with rain, mud, and sweat, and wearing an unaccustomed expression of happiness, Dean was almost unrecognizable. He had even devised a way to use some of his handkerchiefs as markers for the tap roots. The boys in his cottage became interested in his findings, and together the group worked out teams for special types of stumps.

Health and safety

We wanted to demonstrate to the boys the importance of taking health and safety precautions in their daily activities and how to do it.

At each briefing session for the first few weeks of the Valley Project, we explained to the boys the function, use, and care of the basic tools used in the work and the safety precautions they required. After a while we found that each boy tended to select one particular tool as his specialty. We encouraged this tendency and tried to help each boy recognize the dangers of handling the tool he had selected and the safest way of using it.

Ross, for example, had used different kinds of tools but had shown little interest in any of them. Then, one day on the way to work in the valley, he asked to use a grass whip. Of all the tools available, we thought, Ross, a real "swinger," *would* have to choose the most dangerous tool we had!

Realizing that Ross was testing us, we reminded ourselves of our agreement to encourage boys to develop special skills with the tools of their own choosing. We gave him a chance. When the work session began, we called him aside and explained how to use the tool properly and safely. After he began using it, we needed to remind him a few times of some safety points, but on the whole he was careful and did a good job. Afterward, whenever we asked Ross to clear a designated area with the grass whip, he tried carefully to use the tool safely.

Many of the boys had accidents because they did not understand how to work with tools, had little or no experience in working around others, or were trying to attract attention. For some time the boys had to remind each other about simple carelessness and failing to remember that others were close by.

Elmo was one boy who had to be watched because of his need for attention. Just as somebody was beginning a backswing with a sickle, Elmo would walk

Before and after in the valley. Left, a neighbor youngster comes to see progress shortly after the boys began to clear one of the sections. Right, the stakes show where some of the stumps were removed from a section of the valley just about completed.

behind him, or just as somebody was about to chop at something with an axe, Elmo would reach down in front of him to pull out a weed.

Randy was another boy who seemed to invite accidents. In the first hour of one work session, Randy managed to cut his finger, drop a heavy branch on his foot, and burn his hand. Finally another boy said to him, "Look, Randy, you don't need to do all of that; they already told us if we didn't want to work or be a part of the group to just go sit down."

We also pointed out the need to take special precautions against heat exhaustion, such as adding salt to the diet and stopping to rest when overheated. In addition, we stressed certain basic rules of good hygiene, such as frequent bathing. In the beginning, the boys often griped about the heat or the cold, depending on the kind of day it was, but as their interest in what they were doing grew and as they saw the two of us working beside them and asking no more from them than from ourselves, they complained less and less about the usually adverse working conditions. They became able to pace themselves and avoid such heat reactions as rashes and skin infections.

Sam was one of the exceptions. A frail lad whose hobbies were reading and watching TV, Sam received a few chigger bites that conveniently became infected from his constant scratching, picking, and failure to bathe. He informed us that his houseparents told him that he had to stay indoors, and he told his houseparents that we did not want him working in "that condition." Together with the houseparents, we consulted the staff physician, who prescribed medication, daily bathing, and "plenty of outdoor exercise." Later Sam began talking with us about his difficulty in working with, or even being with, other people.

Telling the world

From the beginning we tried to keep others informed of the progress in the valley. We developed a followup system for letting the cottage groups know what was taking place. As long as we took the initiative, it worked fine; but when we stopped taking the initiative, the boys stopped being inquisitive. We tried to point out that communication is a two-way street—if you want to know something and you are not told, then ask.

We tested the effects of regular communication by choosing one cottage and keeping the boys in that cottage up on things. We answered all their questions about the project, held special sessions with them before and after each work period and during the breaks, and explained any special points regarding their part in the project. In the other three cottages, we only responded to questions asked us and took no initiative in giving out information. There was a noticeable drop in the morale of boys in these three cottages.

We kept the outside community informed too. Reactions to the project varied. The comments of our surrounding neighbors, for example, were of two kinds: (1) "The project has purpose—It's good to see somebody doing something constructive with kids"; and (2) "It's good to see the neighborhood shaping up."

We also kept the local police informed about the project. Before it began, the police had told us in a friendly way that the valley had in the past been used by lawbreakers as a place to store loot. Now members of the police force often visited the valley in their off-duty hours to see how the project was progressing. Some of the boys registered surprise at the interest the police showed in their work.

We, the project initiators, in a sense also kept each other informed. In the beginning we had agreed to keep an eye on each other, and we did. We told each other of any trends or feelings we had noted. We would watch the other fellow and let him know if he seemed to be angry or extra tired and so susceptible to a boy's baiting or provoking.

MANY PEOPLE like to work and work hard. So, in that respect, we did not do anything special. Group work with delinquent boys is not new. Lots of people talk with groups of teenage delinquent boys. So did we. Our experience, however, has convinced us that *doing with*, in addition to talking with, teenage delinquent boys makes it possible to demonstrate the principles being talked about and so adds an exciting, practical, and useful dimension to group work with delinquent boys.

We especially felt this during the valley dedication ceremony. The planning, preparation, and implementation of the ceremony were all a joint staff-boys undertaking. Watching and listening to the boys conduct the ceremony and tell "how it was" in the valley, we who worked with them felt that many of the boys were, in different ways, talking about many "valleys" they had been working to clear up.

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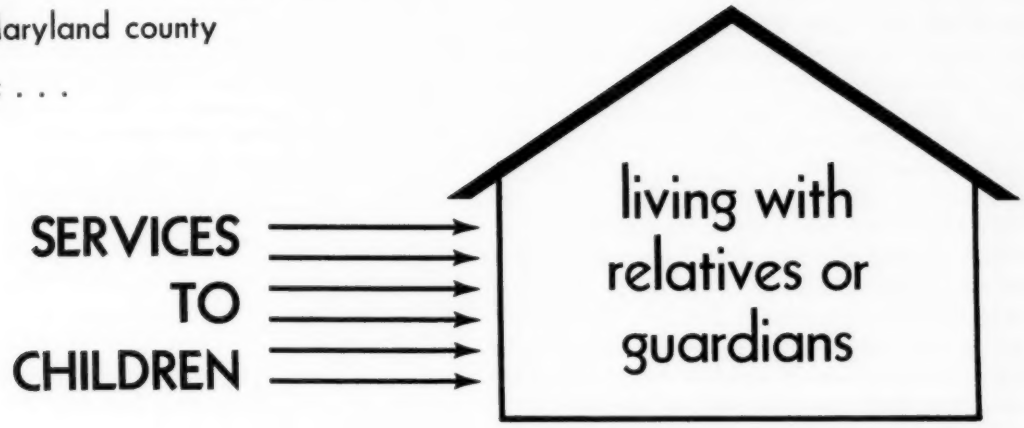
[1] Grob, H. E., Jr.; VanDoren, E. E.: Debating in a treatment program for delinquent boys. *Journal of Correctional Education*, Fall 1968.

how public welfare workers in a Maryland county provide . . .



SHIRLEY L. HUGHES

In its first year of providing a special casework service for children who are receiving public assistance while living away from their parents with relatives or legal guardians, the Baltimore County Department of Social Services has found that many such children need special attention to protect them from situations detrimental to their healthy development. The agency has also found that through intensive casework service some of these children can be restored to their own families.

In Maryland, State and Federal funds may be used to support needy children who are living with relatives other than their parents, and local funds may be used to support needy children living with nonrelated persons appointed by the court as their guardians. In both circumstances, the adult caretakers have no legal obligation to support the child, but they must have sufficient independent means to support their own families. Such cases account for about one-fifth of Baltimore County's total caseload of children receiving public assistance. The children have been separated from their parents either through a private arrangement between the parents and the person providing care or through court proceedings in which a legal guardian was appointed for a child, a relative was given custody, or the child was committed to the care of the Department of Social Services.

For many years the Department had little opportunity to give a careful look at what was happening to such children. The workers carried such big caseloads that their service efforts were usually confined to intervening in crises that threatened to break up families. Because emergencies, such as evictions or threatened evictions, occurred daily, the workers tended to overlook cases in which the children were living in homes of self-supporting relatives and guardians and to assume that the caretakers would phone the agency if serious problems arose.

The passage of the 1962 amendments to the Social Security Act provided an opportunity to examine these cases more closely, for they increased the rate of Federal reimbursement for the cost of services to families in the program of aid to families with dependent children (AFDC) and encouraged the reduction of workers' caseloads to a manageable size. When the Department's caseloads were accordingly reduced, the workers were asked to review all their cases to determine the service needs. The ensuing careful evaluation of all public assistance cases involving children resulted in the decision to assign some workers to caseloads consisting entirely of children living with relatives and guardians, and to give a specialized service to these children and their families.

The first step in providing services to such children was to pull their cases together into two special caseloads. Previously, such cases had been assigned geographically, which meant they had been scattered

among the various workers. To give the workers a chance to attend carefully to each case and to learn more about the kinds of problems involved, the agency began by assigning only 35 such cases to each special caseload rather than reassigning all such cases at once. However, these special caseloads were soon increased to 61 and 58 cases, respectively, and 20 other such cases were assigned to a worker whose caseload also included 35 AFDC cases of children living with at least one of their own parents. Several other cases of children living with relatives or guardians are still scattered among workers in the AFDC program but will eventually be transferred to special caseloads.

At present, the agency's assistance rolls include about 160 active cases of children living with relatives or guardians, of which 139 are assigned to the special caseloads. Children placed independently by their parents, many of them at birth, account for the majority of children in these special caseloads. In most cases, the caretakers have applied for assistance only when a financial crisis has occurred in their own families. For children placed as a result of court action, assistance has usually been requested at the time of placement or shortly thereafter.

The service plan

Behind the creation of these special caseloads was a plan to give intensive service, as needed, to each child, the relative or guardian caring for him, and to the child's natural parents. The workers were asked to attend to problems of child development, family functioning—both in the caretaker's family and the child's own family—the relationships between parent and child and caretaker and child, abnormal behavior, and the child's reaction to separation from his parents. These are much the same problems that the agency has long recognized as affecting children in foster care.

The hope was that in many cases the worker could help the child's parents change their situation enough to enable the child to return to live with them. There was also the hope that in some cases the worker could effect a more favorable environment for the child while away from his parents by helping the relative or guardian gain a better understanding of the child and his problems, more acceptance of the child's parents, and enough security in his own role to relax his need to "replace" them. The workers were expected to spend more effort on direct service to the child than is usual in the AFDC program on the theory that the establishment of a close working relationship between worker and child would reduce the emotional conflicts that beset the child who is separated from his own family.

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The agency's services to the families and children in these cases begin when the child's caretaker first comes to apply for financial assistance for him. The intake worker discusses the child's situation with the applicant, makes a preliminary evaluation of the problems that might exist within the family group, and carries out whatever immediate services seem appropriate. The intake worker also describes the services the applicant can expect from the agency and tells him that a worker will be assigned to work both with his family and with the child's parents, with the possibility in view of arranging for regular visits to the child of his parents and perhaps of eventual restoration of the child to his own home.

In several months of concentrated attention to these cases, the agency has learned many things it did not expect. It discovered that the problems in many of these cases were very serious and that many of the children were living in unsuitable situations. It discovered characteristics of these cases that had not been apparent when they had been scattered in undifferentiated caseloads. It found that grouping these cases together into special caseloads created the climate for a much better evaluation by enabling the workers to see their common qualities.

The agency's efforts to involve the children's own parents in the children's lives have generally been very rewarding. The workers have found that many of these parents are interested in their children, want to see them regularly, and have hopes of reestablishing a home for them. In some cases the children's parents have been maintaining contact with their children all along. However, in a relatively large number of cases, the parents have lost touch with their children—often because of guilt feelings or dis-

sension between the parents and the caretaker—but are usually very receptive to the agency's offer of help in reestablishing their family relationships.

Feeling alone in a hostile world, many parents have despaired of being able to establish a suitable home for their absent child or children. Insecure, disorganized, problem-ridden, and poverty-stricken, they present a disadvantageous contrast to the seemingly secure, stable, and financially successful relative or guardian. Therefore, when the agency shows concern for them, belief in their potential strength as parents, and interest in helping them improve their situation, they begin to see some hope of being able to change their situation and eventually to have their children returned to them.

When "intensive service" is applied, the worker has weekly contacts with the child, his parent or parents, or his caretaker and then tapers off to monthly contacts as the child's situation improves. During 1968, 15 cases received this type of service, resulting in the restoration of six children to the homes of their own parents.

Unsuitable homes

In each of the 139 cases in the special caseloads, the workers have spent considerable time in determining whether intensive service is needed, through visits with the child, his parents, and his relative or guardian. They have found in 65 cases, or nearly half the total, such a need exists because of acute problems in the family in which the child has been living. In 49 cases the problems are so serious as to raise a question about the suitability of the relative's or guardian's home.

In his attempts to resolve the problem of a child's being in an unsuitable home, the worker naturally begins by evaluating the situation in the child's own family. Often, the worker finds that the parents can offer the child a better emotional atmosphere than can the relative or guardian. The workers have found that in 32 cases—in some but not all of which the relatives' homes are unsuitable—the children might eventually be returned to their own families.

Few of the relatives' or guardians' homes regarded as unsuitable for the children involve physical neglect, but the incidence of emotional and psychological neglect is high. This finding emphasizes the utmost importance of looking past the usually stable physical appearance of the caretaker's home and examining the interactions and the true relationships of the persons who live in it. For example, some of the children in these cases are living with grandparents who are too old to rear children with patience. Many of these grandparents have failed to rear their own children successfully—in the sense that as adults their children have failed to conform with society's expectations—and so have a strong need to try again with their grandchildren. This drive to succeed as parents now causes them to take extreme attitudes in relation to the children—that is, to be either overly rigid or overly permissive. Very often their reasons for taking a child into their homes are so tied up in their own needs for satisfaction that they have become completely blinded to the child's needs. For example:

A couple in their 60's took their three preschool age grandchildren into their home when their son and his wife separated. The grandparents had never approved of their daughter-in-law and consistently denied to themselves and to the outside world that their son's behavior had anything to do with the separation. Just before taking the children, the grandmother, who had spent most of her life as a housewife and mother, had secured a part-time job. She was enjoying working and establishing the kind of home she had always wanted and resented having to relinquish her job and return to child care. The children's father was usually unemployed and, therefore, the grandparents received no financial support for the children until they applied for assistance.

Because the grandparents did not allow the children's mother to come to the house to visit them, the children were taken every week to their father's apartment where the mother would go to see them. These visits proved to be disastrous as the mother and father always spent the time arguing.

The worker received the impression that the children were suffering greatly under this arrangement. The grandmother did not have the patience and energy to keep up with three very active children. She could not see them as individuals, but treated them all alike even though they had very different personalities and very different needs. Seeing her retirement "dream house" constantly cluttered with toys, she became very strict about neatness and cleanliness. She could not tolerate the noise children normally make at play and did not allow the children to go out to play with other children.

Neither grandparent had any understanding of the children's emotional needs—their attachment to their mother and desire to live again with both of their parents—or of the relationship of these needs to the hyperactive jolliness of one child and the quiet, withdrawn manner of another, the older child's episodes of stealing, and the enuresis of the two younger children. Just as they had denied that their son had problems, these grandparents also denied that their grandchildren had problems. In the meantime the children were becoming increasingly disturbed.

Through a year of intensive casework service to this family, the worker was able to help the grandparents relinquish the care of the children. After many interviews with both parents of the children, the worker decided that the father would probably never be able to offer a home to his children, but that the mother had a great deal of love and strength to offer them.

However, the mother was not ready emotionally to take them at the time that they had to be removed from the grandparents' home, and, therefore, they were placed temporarily in a foster home. The mother is now working very closely with the agency in an effort to establish a home for the children. She has become involved in psychiatric counseling, has a steady job, and plans to take the children back with her within the next 6 months.

In the foregoing case, the grandparents were not physically or emotionally equipped to raise their grandchildren, but they needed a great deal of help to be able to admit this and to begin to feel right about it.

Another very destructive force exists for the child whose relatives or guardians have a great need to receive overt displays of appreciation and undivided loyalty from the children for whom they are caring or a need to remind the children constantly of their parents' inadequacies. Often a caretaking relative believes that the children's parents have disgraced the family. The child is told that he is "just like" his father or mother when his behavior does not please the relative. The relative sees the child not only as resembling the errant parent but as destined to turn out to be just like him—a view that without intervention can become a self-fulfilling prophecy. The child who is so regarded almost always feels some degree of loyalty and love for the disparaged parent and at the same time feels guilty for having such an attachment. The child, therefore, finds some way to cope with the situation, but seldom one that is healthy for him or acceptable to other people.

In some cases, the agency has found relatives who have taken a child into their homes primarily out of a sense of family obligation or duty, and without regard to their ability to cope with the child and his problems or to a consideration of how their own children will accept the necessity of sharing their parents and their home with another child.

In some situations, especially in cases where the children are living with legal guardians, the natural parents have never been able to accept the idea of having their child live away from home and so have prevented the child from making a satisfactory adjustment to his new home. For example:

Two young parents each drank constantly to the point of oblivion, leaving their 11-year-old daughter to assume complete responsibility for their 2-year-old son. A complaint to the court resulted in a neglect petition being filed against the parents, but the mother died of acute alcoholism before the court hearing. The court committed the children to the custody of the children's uncle and aunt.

The children's father could neither admit that he had a problem with alcohol nor accept the children's removal from his custody. The daughter was very upset about the court order and wanted to remain with her father. The aunt and uncle, a couple in their 50's, had no children of their own. They had known about the family situation for a long time but they had been reluctant to interfere. They took the children into their home although their niece made it clear that she did not want to live with them.

Throughout this placement, the father has maintained close contact with his daughter, attempting to use her as a replacement for his wife and trying to prevent her from accepting her new home. Consequently, the girl feels that she is the only one who can take care of him. The agency's plan to help this father relax his dependency on the daughter has been futile as he refuses to see the worker. In spite of the intensive casework service being provided both the relatives and the girl in an effort to help them accept one another, the aunt and uncle are beginning to feel that they cannot continue to keep the girl in their home, for she refuses to accept them as parent substitutes.

Use of resources

Over the past year, the agency has removed nine children from the homes of relatives or guardians and placed them in foster family homes, but it has received many more requests for such replacements. The agency is at present working with several families to find suitable homes for children who are being "evicted" from the homes of relatives or guardians, and is giving intensive service to other families in an effort to avoid such an outcome. In some instances, almost immediately following the request the relative or guardian has impulsively returned the child to his parents or placed him with other relatives. In other cases the agency has responded to a call for help from the child's caretaker by making arrangements for the child to be seen at a mental health clinic, the Big Brothers, or the school's guidance service. The agency has used many community resources in an attempt to keep children with their relatives or legal guardians when this has seemed the best arrangement for the child.

Several children in these special caseloads have been committed by the court to agencies in other localities, which have referred them to the Baltimore County Department of Social Services for public assistance because the relatives with whom the child is living reside in Baltimore County. In these cases, the agency into whose care the child has been committed remains legally responsible for the child and reactivates its involvement in the case if the child seems to need replacement. The two agencies work very closely together when this occurs. The Baltimore County Department of Social Services prepares the child, the relatives, and the parents for the re-

entry of the other agency into their lives, supplies the other agency with a full report of what has occurred during the Department's responsibility for the child, and provides the services needed to hold the current placement together until the other agency can arrange for the child's replacement.

Some implications

Through its experience with special caseloads the Department's staff has become convinced that children placed with relatives and guardians are not necessarily living in the ideal situation for a child who must live away from his parents. Certainly, family ties are important and in many cases the child's relatives can offer him a healthy experience. Certainly, when a child cannot remain with his own parents, a home within the family constellation should always be considered for him before foster care. However, an evaluation of the relative's home is as necessary for the protection of the child as is an evaluation of a prospective foster home.

In the great majority of cases in the special caseloads here described, the children had been placed with relatives or guardians without the benefit of any home study. The sad result has been that in many cases children have been living with relatives or guardians who do not display any degree of sensitivity toward them or any understanding of the reasons they were separated from their parents and who, in many cases, cannot share the children with their own parents. Too often the child himself does not understand why he is not living with his own parents and, therefore, has many unresolved feelings and conflicts about his identity.

Sadly, too, the original reason for the child's separation from his parents has been related primarily to the parent's financial difficulties. In such cases, the arrangement for the child's care has usually been made with an understanding between parents and child that it will be temporary and then, without any real decision, it has been dragged on into long-term care. Too often, when a parent feels that he (or she) is ready to resume the care of his child, the situation turns into a custody struggle between the parent and the relative or guardian that may even end up in court. In such situations, the child is almost always caught in the middle, frequently with disastrous results.

In the Baltimore County Department of Social Services, we believe that by providing needed services to all the parties in such cases the workers can help resolve some of the problems preventing the children from having as normal a life as possible in their "home away from home," or better still, that we can reunite many of them with their parents. However, we have come to the conclusion that if the workers are to give these cases the kind of service needed, their caseloads should be limited to a maximum of 35 cases.

We believe that this experience has important implications for foster care workers, who often consider removing children from foster care for placement with relatives; for foster home study workers, who are continuously concerned with the question of what constitutes a good home for children; for AFDC intake workers, who are the first to receive these applications; and for AFDC workers, who, in many agencies, serve the types of cases described here.

The experience has led us to conclude that this type of case must be given intensive service for at least the first 6 months after it comes to the agency's attention, after which intensive services should continue for as long as needed. We have also come to realize that all pertinent persons in the case should be seen by the intake worker—the child's parent or parents, the child, and the relative or guardian applying for assistance for the child; that the agency's expectation should be made clear to the family providing care, an evaluation of the child's situation should be made, and a plan for his future considered; and that in cases where the relative's home seems best for the child, the relative be encouraged to consider offering the child a sense of permanency by adopting him, if this is possible, or securing legal custody of him through the court.

We trust that this experience will encourage other agencies to look at children's placement with relatives or guardians with more awareness of the many pitfalls involved.

PARENTAL and COMMUNITY NEGLECT

twin responsibilities of protective services

HAROLD LEWIS

Community neglect and abuse of children are as old as recorded history. Yet rarely have communities perceived their own behavior as neglectful. The Spartans, the New England factory sweatshop owners, the Southern slaveowners, all believed their treatment of children to be in the best interest of society. Only as we examine their social practices, free of their ideological blinders, do we see how neglectful were their acts, how victimized were children in their times. It is probably wise to assume that in this country today, despite our apparently more enlightened views, we are equally susceptible to ideological self-deception. Certainly there is ample evidence that our society is constantly generating neglected, victimized children.

Parental neglect has always appeared unnatural and punishable. Care of one's own offspring is thought to be an instinctual parental response. Those who lack this "instinct" and who fail in the parental role meet with societal disapproval and invite society's intervention in their family life to protect their children. Yet rarely have neglecting parents perceived their own behavior to be as reprehensible as it appears to persons outside their frame of reference.

Both community and parental perspectives can be self-deceiving. Only as we introduce a new environment, one that permits us to judge the behavior of parents and communities outside the context that shaped their perspectives, do we gain new insights into old patterns. This lesson should not be ignored by those seeking new direction for protective services.

I consider *parental neglect* as existing in families where there is evidence of persistent, inadequate, insufficient provision of child care by the adult, or adults, responsible for the child or children and where the adult's behavior and attitude offer little or no likelihood of improved care without some outside intervention. I consider *community neglect* as existing where there is evidence of persistent, inadequate, insufficient provision of resources for child care by community authorities and where the behavior and attitudes of such authorities offer little or no likelihood of improved provision of resources without some outside intervention. Thus, my definition of child neglect includes both parental and community neglect. In either case, it involves two types of judgment: (1) a judgment of conditions observed; and (2) a judgment of behavior and attitudes, based on evidence of opportunity, capacity, and motivation for change. It is my contention that the child protective program must be concerned with both types of neglect and must be equipped to make both types of judgment and to act on such judgments.

On the basis of data derived from studies [1-6] of the recurrence of neglect in families known to protective service agencies, it must be concluded that—

1. There is more parental neglect of children than is detected—much more than is reported, and a great

deal more than becomes known to the protective agencies and the courts.[2-4]

2. Cases of parental neglect that do become known to agencies constituting a community's network of educational, health, and welfare services tend to be concentrated in neighborhoods characterized by the low income of the residents, the prevalence of deteriorating housing, and the scarcity of cultural resources.[5, 6]

3. Even in neighborhoods with a higher than average incidence of known parental neglect, evidence suggests that less than half the cases of neglect identified by persons professionally involved in serving the families of these neighborhoods get reported to the protective service agency.[4]

4. Types of parental neglect vary in their likelihood of being detected, in the kind of persons likely to observe the neglect, in the willingness of the observer to report what he has seen, and in the probability of the family's receiving service from a protective service agency.

Conditions that are accepted as evidence of neglect vary in degree of visibility, repetition, and duration. Conditions with high visibility, for example, include physical deprivation, inadequate and insufficient clothing, lack of personal hygiene, and school truancy. Conditions with low visibility include irregularity of meals and sleep; unwholesome selection and preparation of food; inappropriate and intolerable discipline and lack of guidance; inconsistent affectional relationships. Reporting sources vary in standards used to judge neglect, the kind of neglect they are likely to witness, and willingness and ability to report the neglecting parents. Community protective services vary in the scope of their programs, in their receptivity to reports of neglect, their requirements and limitations in providing services, and in the degree of compulsion they feel for reporting back on neglect cases received through a systematic community reporting system.[1]

At the neighborhood level in large cities, it is fairly obvious that parental neglect and community neglect go together, and may, in fact, give each other a helping hand. Truancy occurs when schools are inadequate. Hazardous conditions, such as unsafe dwellings, improper food preparation, dietary imbalance, and poor home management, exist for children in families living on inadequate assistance grants. Children's medical needs are ignored in families living in neighborhoods where clinical facilities are lacking or inadequate. Irresponsible parental discipline and supervision occur in neighborhoods where policing, lighting, trash removal, and recreational space and opportunity are inadequate. In such ways, parental and community neglect feed on each other, presenting an unholy alliance not easily overcome by sporadic measures directed first at parental, then at community, neglect.

The present procedures for casefinding in protective services, whether public or voluntary, seem to "screen out" as often as they "screen in" children needing service. If the protective agency fails to interpret its programs to various segments of the public, if it builds an image that discourages referrals from neighbors and relatives, if it restricts eligibility for service to families with certain types of problems and to those living in specified geographic areas, and if it sets time limits on the continuation of service to individual families, it eliminates from protection many children living in families in which conditions of neglect exist.

Obviously, therefore, any serious effort to protect children from neglect must face up to the following limitations: (1) The significant weaknesses in present casefinding procedures; (2) the substantial evidence of professional oversight; (3) the uneven geographic distribution of neglect-prone families; and (4) the uneven and inadequate provision of neighborhood facilities and services for children whose families are especially vulnerable.

Organizational patterns

After a neglect situation or a neglect-prone family is identified, what is available organizationally and programatically to assure protection for the child and help for the family? The picture varies city by city and reflects the full range of influences shaping the local pattern of child welfare services. Studies [1, 7] of the effects of protective services suggest the need for experimentation with new patterns of service organization, new methods of providing service, new types and combinations of programs. Such studies are consistent in reporting that current services achieve only partial success with many families and little or no success with chronically problem-ridden families—those families known to many community agencies over long periods of time. Rather the studies show that families once provided protective service often come to their attention again with recurring evidence of neglect. In many communities existing organizational patterns and the programs they offer do not

achieve a high level of success in helping neglecting parents and their children; they are even less successful in preventing neglect.

More disturbing, however, is the evidence that the persons responsible for maintaining such ineffective organizational patterns are probably not fully aware of the overall effect of present patterns on the delivery of services. One study [8] suggests that this may be explained in part by the fact that persons in key positions at different levels of community responsibility for protective services tend to a "horizontal" perspective—seeing as primarily or exclusively important the functions for which they are directly responsible. When such persons look up or down at other levels of organization and program affecting the way service is provided, it is usually to claim a success on their own level, to question whether the other levels are achieving anything, and to ask for more "accountability" for resources expended. Communication channels between people providing direct service to families and the leaders, lay and professional, on the community planning level, is so rare as to be negligible. Mutual understanding and support will not be forthcoming in such an inadequate communication network.

Thus, efforts to change a pattern of neglect—whether parental neglect or community neglect—must include efforts to evolve new channels of communication, new forms of involvement, and new program content. Experimentation in these directions ought to encompass both parental and community neglect and ought to absorb a large portion of the energies of the protective agency, public or voluntary.[9]

A brief comment on the organizational pattern of community services is in order. Families known to protective service agencies, particularly the chronic cases, are frequently known to many other agencies as well. Perhaps the most disturbing evidence one can cite of the inadequacy of the present service picture is the fact, long recognized by some professional persons and highlighted by a recent study,[4] that many cases of neglect identified by staff members in various kinds of agencies are apparently not referred to the protective service agency unless these troubled families *make trouble about their trouble*. The different forms of rationalization offered to excuse this practice are derived from the parochial perspective of persons operating within an environment that provides an ideology they are unable to escape. The inadequate coverage of neglect situations is not the only disturbing result. Almost as disturbing is the destructive effect such a practice has on the self-image of the agencies involved, on their staff members, and on their relations with other agencies.

Community neglect

While parental neglect is often overlooked in the functioning of the present network of services to children, community neglect is almost totally ignored as a direct service responsibility by most of the agencies in this network.

Public and private agencies that primarily serve neglecting and neglect-prone families need to ask themselves the following questions: What are the agencies' goals? How can they hope to achieve them? To formulate clear answers to these questions, they will have to consider the following crucial points:

1. If the current pattern of detection and reporting remains undisturbed, the cases finally referred for protective service can be expected to show extremes in deterioration, little evidence of hope, characteristics of acute crises, and chronic depletion of material and emotional resources. Such cases will have defied the efforts of other agencies to deal with their problems and the factors generating these problems.

2. In the majority of these cases, neglect will not "recur" after the agency terminates contact with the family, for it will still be there as a chronic condition. What will recur will be crises. In the University of Pennsylvania's studies of neglect cases, the investigators found that 25 to 50 percent of the cases active at any one time in the principal protective service agency in one large urban community were previously known to the same agency. Of all cases previously served, close to 60 percent returned again for service within 5 years after termination of the agency's service, and many returned three, four, or even more times.[10-12] Moreover, when the families returned for service, their problems had changed little since their previous contact with the agency. What brought them back was the eruption of a child-care crisis that had previously been identified and temporarily brought under control.[6, 7, 12, 13]

3. During the period of agency contact with the family, its service will most often be directed toward parental neglect—helping the family reorder its own life by identifying the parental roles and deficiencies within the family and using both the influence of psychological relationships and pertinent com-

munity resources to effect a desirable change. But community neglect as evidenced in slum housing, insufficient family income, overcrowded and understaffed schools, inadequate public services, and limited cultural opportunities will be affected hardly at all.

After termination of service, neglecting families nearly always remain in or return to an environment that fails to support the progress achieved during the period of service. Removing the children from such families, and thus from the deteriorating environment, represents a drastic wrenching of an organic unit. While some children may have to be removed from their families because the relationships in the home no longer appear capable of sustaining the children's health and well-being, long experience with the detrimental effects of separating a child from his parents has cautioned most agencies against relying on removal as a simple solution. Yet, even when an agency does recommend such drastic action, the court frequently puts off ordering the child's removal for reasons which may or may not be related to the parental neglect alone.[14]

Thus, the evidence on the kind of service provided to protect children hardly complies with the ideals social agencies espouse, the planned action they profess, the commitment they proclaim, and the results they would like to believe are being achieved.

Suggested directions

What should be the direction for child protective services in light of the foregoing conclusions? I would suggest the following policies:

1. The child protective service should continue and intensify its *focus on the child*, basing its efforts to prevent, modify, and eliminate both parental and community neglect on the condition and needs of the child and his family. Its program and services should reflect its role as the heart and conscience of the community concerning the welfare of the community's *most threatened children*. Its goal should be the promotion of those community conditions (housing, schooling, sanitation, health) and resources (medical services, professional personnel) that will prevent children from undergoing the destructive experience of neglect.

2. The clientele of the child protective agency should encompass all persons and organizations who do not accept their responsibilities in regard to children and whose behavior and attitudes give little evidence that salutary change will take place without outside intervention. It should include those elected officials and prominent citizens responsible for the allocation of community resources who fail to respond to demonstrated need and those organizations and public bodies that are charged with responsibility for meeting identified needs but persistently fail to fulfill their charge. This means the protective agency's policies and procedures should direct the agency's board and staff to intervene at the family, neighborhood, organizational, and community-wide levels to protect children threatened with neglect.

3. With the sights of a protective service thus raised, everyone who takes on the responsibility for providing protective service should be regarded as an activist on behalf of the welfare of the community's children. The board of the voluntary protective service agency should consist of persons willing and able to engage persons living in the community in action to remedy community deficiencies contributive to neglect. The board should provide both the leadership and the perspective for such action and through its involvement and commitment hearten the agency's staff members who must daily and hourly deal with the effects of neglect on families and children with inadequate resources for the task.

4. The direct services of the child protective agency should be carried out by a dedicated, well-trained, and deliberately innovative staff and should be based on those principles of practice that have been found to be effective [1] and on new approaches and new program emphases as well. New ways of providing service might include—

• Casefinding at the neighborhood level, tied in with early detection and intervention. For example, the child protective service might be set up as a

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neighborhood resource, as available to families as are schools, clinics, and police stations, and be ready to experiment with new kinds of programs, policies, and procedures designed to change the image of protective service as a service of last resort "too late involved, too soon withdrawn."

- Efforts to involve persons who are neglecting their responsibilities to children in setting agency goals, providing service resources, and revising the agency's methods of working in their own and the children's behalf. The agency's board and staff would then be serving not only as agency representatives and client advocates, but also as promoters of responsible citizen participation.

- The encouragement of a variety of methods of providing service, for example, through group discussion, informal education, the use of homemaker aides, community organization, and public interpretation.

Each of these policies can, in principle, be adopted by either a voluntary or a public child protective service. However, the public child protective services are now struggling, and will for some time have to continue to struggle, to provide coverage for all children who are so neglected as to need protective services as a last resort. A concerned community that recognizes this fact—a result of longstanding community irresponsibility—may turn to its voluntary protective agency, if it has one, as a social instrument not only to supplement the public agency's efforts, but also, through experimentation and innovation, to demonstrate possible ways of achieving more success in both preventing and alleviating child neglect. As experience incorporates the results of such effort into the public services, new tasks will be defined for the voluntary agency.

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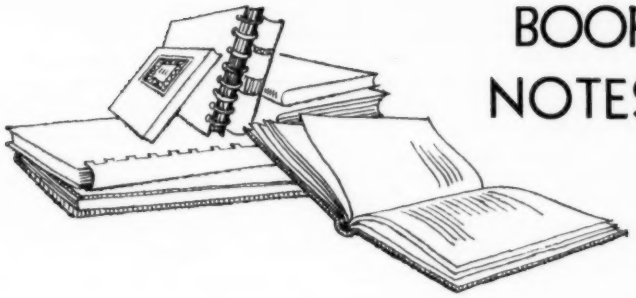
. . . human warmth in our schools as well as in our other institutions will be one of the best ways to help our children and youth meet the stern disciplines of the times.

A. John Holden, Jr., Vermont Commissioner of Education, at the 1960 White House Conference on Children and Youth.



BOOK NOTES

INFANT, PERINATAL, MATERNAL, AND CHILDHOOD MORTALITY IN THE UNITED STATES. Sam Shapiro, Edward R. Schlesinger, and Robert E. L. Nesbitt, Jr. Harvard University Press, Cambridge, Mass. 1968. 388 pp. $7.95.

This report analyzes trends from 1957 to 1964 in maternal, infant and perinatal, and childhood mortality in the United States, devoting a section to each of the three subjects. In a closing section it presents information concerning provision of health services and health resources in relation to facilities, health manpower, and financing. Trends in mortality are illustrated in comparisons of 3-year average rates, centered on two or three decennial census years, or in some cases, as with the trends in infant mortality, in long-term annual series.

The authors associate the slowness in the reduction of infant mortality in recent years with an increase in the proportions of births in comparatively high risk groups of very young mothers and mothers with many prior pregnancies; an increase in the proportion of infants with low birth weight, particularly in the nonwhite portion of the population; little or no improvement in perinatal death rates among the offspring of women with poor obstetric histories; and only slight or no improvement in the perinatal death rates among the offspring of women with obstetrical complications. They point out that nonwhite infants have a death rate almost twice as high as white infants.

The authors associate the faster reduction in maternal mortality with major advances in the medical arts, particularly the widespread development of blood banks, reduction in traumatic obstetrics, and advances in chemotherapy, and in management of Ceasarean section and anesthesia. Among the unsolved problems they mention are large differentials in maternal mortality rate between white and nonwhite mothers, unfavorable to the latter; large differentials between geographic areas, unfavorable to rural; and little progress in prevention of fatalities attributed to septic abortion.

In regard to comprehensive health care, the authors point out that population growth and changing composition in large metropolitan areas have complicated the provision of services and that the expansion of facilities has not kept up with the needs.

The book contains 13 tables, many of which are multiple in reference to a common topic. The appendix contains 25 tables on infant and perinatal mortality, four on maternal mortality, and eight on childhood mortality. Forty-five figures illustrate the text. Included are figures and discussion of infant and perinatal and childhood mortality in 11 other countries.

THE PREGNANT TEENAGER: a medical, educational, and social analysis. Howard J. Osofsky, M.D. Charles C Thomas, Springfield, Ill. 1968. 124 pp. $6.75.

The pregnant teenager, who faces major medical as well as social and educational problems, "is indeed an individual at high risk," according to the author of this book. An associate professor of obstetrics and gynecology at the State University of New York, he bases his observations in part on his work as director of the Young Mothers Educational Development Program, which provides medical, educational, and social services for pregnant girls in Syracuse, N.Y., under the auspices of the local board of education, the county health department, and the Upstate Medical Center of the State University of New York.

In examining the scope of the problem, the author discusses the effects of out-of-wedlock pregnancy on the marriage rate among teenagers, on the economy, and on the girls themselves as adolescents. In attempting to answer the question of why pregnant teenagers are at such high risk medically, he finds answers in adolescence itself and the frequent concomitants of out-of-wedlock pregnancy—the failure to seek medical care early and the inferior quality of medical care often provided to the poor, who account for a large proportion of out-of-wedlock births. Similar problems affect the teenage girl's ability to receive appropriate social services, he says.

The author also examines the "complex problem" of providing continuing education for pregnant girls, and the "touchy problems" of making contraception and abortion available to them.

AMBULATORY PEDIATRICS. Edited by Morris Green, M.D., and Robert J. Haggerty, M.D. W. B. Saunders Co., Philadelphia, Pa. 1968. 970 pp. $22.50.

Containing articles by 117 pediatricians, other medical specialists, and members of other professions concerned with the health care of children, this book discusses in detail the major aspects of health supervision and medical care of nonhospitalized children. The papers are grouped in eight sections, dealing with aspects of pediatric education; organization of clinical services; the job of the pediatric clinician; social problems in pediatrics; management of symptoms; health growth and development; long-term illness; and episodic disorders.

In addition to specific diseases, the book discusses, among other topics, the preparation of children for hospitalization, genetic counseling, and the pediatrician's role in prenatal and post-partum care, work with unmarried mothers, adoption and foster care, juvenile delinquency, physically abused children, the migrant child, adolescents with venereal disease, the gifted child, and school underachievers.

It also discusses school phobia, suicide in children, and the effects of divorce and other family crises on children.

SOCIAL SERVICES TO THE MENTALLY RETARDED. Helen L. Beck. Charles C Thomas, Springfield, Ill. 1969. 207 pp.

Based on the author's experience as chief psychiatric social worker in a handicapped children's clinic and as a school social worker, this book presents a descriptive account of mental retardation and the specific contribution of social services to the alleviation of the problem. It emphasizes the behavioral manifestations of mental retardation, the parents' emotional reaction to the problem, and the role of the professional social worker and of community social services in facilitating the most satisfactory adjustment to it.

The first chapter lists the known causes of mental retardation and points to the need for an integrated multidisciplinary approach to dealing with it. The second chapter describes the settings in which one may find a retarded child. The next three chapters present some of the behavior manifestations of retardation, discuss its social implications, and describe some of the programs developed to serve retarded persons and their families.

There follow two chapters on social work processes, with case examples to illustrate the use of the casework and groupwork methods in helping parents understand better their child's condition, their own reaction to it, and ways they can help him develop his potentialities; and a chapter dealing with the behavior problems of the child at various stages of growth and development; and the final chapter stresses the need for social workers to participate in the new programs concerned with mental retardation.

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guides and reports

DIFFERENTIAL USE OF MANPOWER: a team model for foster care. Six papers presented at the Illinois Beach Conference on Differential Use of Manpower, with an introduction by Marion P. Obenhaus. Child Welfare League of America, 44 East 23d St., New York, N.Y. 10010. 1968. 49 pp. $1.60.

Describes a model for using teams of social workers with different levels of training as a means of meeting the manpower crisis in foster care, and discusses its implications for social work practice and training.

VULNERABLE CHILDREN: three studies of children in conflict: accident involved children, sexually assaulted children, and children with asthma. Lindy Burton. Schocken Books, Inc., 67 Park Ave., New York, N.Y. 10016. 1968. 277 pp. $6.50.

Describes the family environments, behavior, and personality needs of 20 Belfast children between the ages of 5 and 15 years of age who had been hospitalized following road accidents, 41 children who had been sexually assaulted, and 25 Belfast children with asthma. In each group, the author found evidence of emotional problems in the child before the accident, assault, or illness occurred.

DAY CARE AIDES: A GUIDE FOR INSERVICE TRAINING; and SELECTED READINGS FOR DAY CARE AIDES. Mary Watson Palmer, editor. National Federation of Settlements and Neighborhood Centers, 232 Madison Ave., New York, N.Y. 10016. 1968. 98 pp. $2; 90 pp. $1.25.

The first of these two companion handbooks contains guide material for conducting nine training sessions for day-care aides, focused on an introduction to the program, working with children, music and rhythm, finger play, arts and crafts, language development, child development, day-care goals, and problem situations; the second presents a listing of selected readings for trainees.

CHILD CARE IN HEALTH AND DISEASE: symposium to commemorate the dedication of the Silvain and Arma Wyler Children's Hospital and the Joseph P. Kennedy, Jr. Mental Retardation Research Center, August 29–September 2, 1966. University of Chicago. Edited by Albert Dorfman. Year Book Medical Publishers, 35 E. Wacker Drive, Chicago, Ill. 60601. 1968. 390 pp. $17.50.

Contains 28 papers on child care in relation to various aspects of health problems and diseases, presented under eight heads: problems of child health care throughout the world; law and social policy for children; mental retardation; learning and language; cardiopulmonary problems; modern advances in important areas pertinent to childhood diseases; basic science aspects related to pediatric problems; and basic molecular biology and genetics.

THE SOCIAL WELFARE FORUM, 1968: official proceedings; SOCIAL WORK PRACTICE, 1968: selected papers, 95th annual forum of the National Conference on Social Welfare, San Francisco, Calif., May 26–31, 1968. Columbia University Press, 440 West 110th St., New York, N.Y. 10025, for the National Conference on Social Welfare. 1968. 236 pp., $6; 207 pp., $6.

The first volume contains 12 papers on the development of social policy in such areas as legal rights, work and income opportunities in urban slums, urban planning, and the elimination of bigotry and poverty. The second includes 12 papers on various aspects of social work practice.

HERE and THERE

White House Conference

The 1970 White House Conference on Children and Youth, previously planned for mid-February 1970, has been postponed until December 13–18, 1970, to give more time for planning. In preparation for the appointment of the President's Committee for the Conference, the Conference staff, under the direction of Joseph H. Douglass, has prepared a master plan for the committee's consideration. The plan envisages a conference broad enough in scope to encompass "the entire rapidly changing social scene" as it affects children and youth from the prenatal period to adulthood and charges the delegates with the responsibility for achieving such specific objectives as:

- Formulating plans for dealing with problems indigenous to various geographic settings such as innercity slums, suburbs, and rural areas.
- Indicating ways in which new technologies may be better applied to human services.
- Suggesting new approaches to working with "disaffected" young people.
- Recommending ways of dealing with unrest on college campuses.
- Suggesting new or improved methods of child care in families and institutions.
- Suggesting new ways of identifying emotionally ill children and adolescents.
- Developing strategies for identifying and encouraging talented children.
- Increasing public understanding of the activities necessary for developing nationwide comprehensive services for children.
- Explaining ways to increase young people's participation in political and civic affairs.

Under the proposed plan, the President's Committee would appoint a number of task forces, each charged with preparing a report for the Conference on a specific cluster of problems, viewed from five perspectives: social deficits, social issues, pathological conditions, promising practices and developments, and action indicated.

As presently constituted, the master plan recommends a conference of some 5,000 delegates, approximately one-third of them young people under 22. Delegates would be recommended by the State governors, affiliates of the Council of National Organizations for Children and Youth, the Interdepartmental Committee on Children and Youth, professional organizations, youth groups, and such new organizations concerned with innercity problems as the Urban Coalition and the National Alliance of Businessmen.

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By mid-March 1969, the governors of 47 States had appointed or designated State committees to prepare for the White House Conference. Many of them were already active State Committees on Children and Youth; others were new or reactivated committees. During the past year, these committees have been engaged in a variety of activities to determine and focus attention on the needs of children and youth within their States. Such activities have included—

- The sponsoring of opinion polls, State or regional conferences, ad hoc "brainstorming" sessions, workshops, youth hearings, and town meetings.
- The creation of regional or county organizations composed of young people and adults to study local conditions.
- The preparation of working papers on specific subjects.
- The collection of existing data and the conducting of surveys.
- The publication of newsletters and the provision of consultation to interested groups.

Each State committee is expected to prepare a full report for the Conference, to be ready by the end of 1969, on the critical conditions and needs it has identified within its State.

Child welfare

About 607,900 children under 21 years of age were receiving child welfare services through State and local departments of public welfare on March 31, 1967—a 7-percent increase over the previous year—according to reports to the Children's Bureau. On the same date, about 215,000 children were receiving services through voluntary child welfare agencies and institutions. Because some children were being served by both public and voluntary agencies, the total number of different children receiving child welfare services has been estimated at 772,200.

Approximately 50 percent of the children served by public agencies lived in their own homes, 33 percent were in foster family homes, 10 percent in institutions, and 7 percent in adoptive homes. About 35 percent of the children served by voluntary agencies were in institutions, 26 percent in homes of parents or relatives, 21 percent in foster family homes, and 17 percent in adoptive homes.

Of approximately 1,400 child welfare institutions operating on the reporting date, 1,250 were under voluntary auspices and 150 under public auspices.

These and other data are contained in "Child Welfare Statistics, 1967" (CB Statistical Series No. 92). Single copies are available from the Bureau.

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As a result of a 4-year demonstration project, the Family and Child Services of Washington, D.C., a voluntary social casework agency, has been authorized to operate 20 foster family group homes for the D.C. Department of Public Welfare. During the demonstration period from June 1, 1963, through December 15, 1967, the Family and Child Services employed 11 women to serve as foster mothers in their own or agency-rented homes for children who were then living at the District's large congregate institution, Junior Village, or who had already had several previous

unsuccessful placements. The demonstration was supported by Federal funds from the Children's Bureau and the Office of Juvenile Delinquency and Youth Development, Social and Rehabilitation Service.

The demonstration involved the use of strong casework support for the 11 foster families, each of which included an unpaid foster father and five foster children in addition to the couple's own children, if any. (See "Foster Parents as Agency Employees," by Catherine Pratt, CHILDREN, January–February 1966.) In six homes, supported in part by the Children's Bureau, the objective was to provide stability and security through permanent care. The objective of five of the homes supported by the Office of Juvenile Delinquency and Youth Development was to determine whether foster group homes could be used to keep groups of siblings entering foster care together and avoid institutional care. Although long-range care was not foreseen as a major need of the 29 children entering these five homes, 25 children did remain in the same homes at the end of the demonstration.

At the end of the demonstration period, of the 59 children served in the project, 53 had been in the same foster home from 9 to 49 months. Four had been returned to their natural parents. Two others had been placed in other types of care because they had been so disturbed that their foster parents had been unable to meet their needs.

The Family and Child Services staff found that 88 percent of the children made generally satisfactory adjustments within their foster homes, accepting routine, discipline, and placement; undertaking responsibility; participating in family activities; and demonstrating affection for foster parents and foster siblings. However, when each child's competence to handle the kind of ordinary life situations met in the community was rated, 16 were found about average, 19 slightly below average, and 18 markedly or extremely low. No child was rated above average.

Many of the children who had had previous foster care experiences remained unconvinced about the permanency of their placements, although all but two of the foster parents had become committed to long-term care. However, the staff of the agency saw evidence that the foster children were beginning to develop positive familylike relationships and growing trust about the future.

In the judgment of the agency, seven couples did well with all the children in their homes; two couples did well with all but one child; and two foster mothers showed increasing inadequacy in functioning, which resulted in the closing of one home after the end of the project.

AFDC

Nearly half the women who responded to a 1967 sample survey of families in the program of aid to families with dependent children (AFDC) said they would use an increase in public assistance payments, if there were one, to buy more food. More than one-third of the respondents said they had postponed at least one rent payment to buy food during the previous 6 months. Almost half reported that there had been times during the same period when they had no money to buy milk for their children. Seventeen percent reported that some of the children in their families had stayed home from school at some time during the 6 months because they lacked shoes or clothing.

The survey, conducted by mail, consisted of 32 questions sent to 3,659 women in the program in the 48 contiguous States, by the National Center for Social Statistics, Social and Rehabilitation Service. Responses were received from 2,969 women. Among other lacks they reported were:

- Not enough beds for every member of the family—reported by 30 percent of the respondents.
- Not enough sheets or blankets to have one of each for each bed in the family—12 percent.
- Not enough furniture to seat every member of the family at mealtime—25 percent.
- Not enough tableware for the size of the family—21 percent.
- No inside running water—13 percent.
- No flush toilet—14 percent.

Many mothers reported that at least one member of the family had not obtained needed medical care in the 6 months before the survey because the family could not afford it. Thirty-nine percent of the mothers mentioned foregoing dental care; 29 percent, eyeglasses; and 25 percent, visits to a doctor.

The survey shows that 21 percent of the families had been receiving public assistance for less than 1 year; 31 percent, from 1 to 3 years; and 45 percent, more than 3 years. Almost 40 percent had received assistance at least two different times. Twenty percent of the women had been denied assistance at some time when they had applied for it.

More than three-fourths of the mothers said they thought professional welfare workers were at least "fairly understanding." More than half reported that, in addition to financial payments, public assistance had helped them in other ways, such as obtaining medical care, feeding their families, getting home furnishings and clothing, providing social or emotional support. Among those helped in other ways, about 7 percent said that a welfare department had helped them or their husbands obtain additional education or job training, and 2.4 percent said that a welfare department had helped some member of the family find or keep a job.

More than 40 percent of the women who responded had not gone beyond the eighth grade; 20 percent had graduated from high school; less than 3 percent had entered college. At the time of the survey, 8 percent were enrolled in additional training or education; of these, about one-third were studying for a high school diploma and one-sixth were taking business courses.

Day care

The number of children who could be cared for in licensed day-care facilities in the 50 States, Puerto Rico, the Virgin Islands, and the District of Columbia increased from 310,400 to 531,000 from March 31, 1965, to March 31, 1968, according to reports received by the Children's Bureau. The total number of licensed facilities—including day-care centers and family day-care homes, under public, voluntary, and independent auspices—increased from 23,707 to 38,400. Licensed day-care centers increased from 7,334 to 11,500; licensed family day-care homes, from 16,373 to 26,900.

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Public child welfare services funds expended for direct care of children in day-care facilities increased from $9.2 million in the fiscal year 1965 to $14

million (preliminary figures) in fiscal 1968, with $15.4 million projected for day-care expenditures in fiscal 1969. Of these sums, $1.7 million of the 1965 expenditures were from Federal child welfare services funds, and $7.5 million from State and local funds. Of the 1968 expenditures, $3.7 million were from Federal funds, and $10.3 million from State and local funds. Estimates for 1969 include $3.4 million from Federal funds and $12 million from State and local funds.

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Additional Federal expenditures are made through the program of aid to families with dependent children (AFDC) for the care of children of mothers referred for employment or job training in the work incentive (WIN) program established under the 1967 amendments to the Social Security Act (see CHILDREN, March-April 1969, p. 79). Estimates in the President's budget for the fiscal year 1969 project a Federal expenditure of $22.6 million for the care of children of persons referred for training in the WIN program. This will provide care either in preschool facilities, afterschool facilities, or in-home arrangements for an average of 49,900 children, largely on a purchase-of-care basis.

. . .

In 8,900 families receiving assistance in the AFDC program in late 1967, children between the ages of 6 and 12 were left to take care of themselves while their mothers were at work; and in 180 families children under 6 were left to fend for themselves. These facts were revealed in a study of working mothers in the AFDC caseload carried out by the National Center for Social Statistics, Social and Rehabilitation Service.

The study showed that 175,000 or 13.7 percent of all mothers receiving assistance through the AFDC program in late 1967 had either full-time (6.6 percent) or part-time (7.1 percent) jobs. Of these, 100,000 mothers had children under 6 years of age and 130,000 had children between 6 and 12.

An analysis of the child-care arrangements made by the mothers having children under 6 showed that 45.2 percent made arrangements for the care of the children in their own homes, provided by a relative or other person; that 30.1 percent arranged for the care of their children in someone else's home; that 17 percent made other arrangements for care—in group-care centers (8.6 percent), by the mother herself while working (7 percent), "other" (1.2 percent), and no care at all (.2 percent—the 180 families already mentioned).

Arrangements of the 130,000 working mothers with older children were similar for care in their own homes, but only 15.2 percent arranged for care in someone else's home; 6.9 percent left the children to care for themselves; and 20.5 percent worked only during their children's school hours.

Family planning

Early in 1969, the President's Committee on Population and Family Planning, appointed by President Johnson in July 1968 (see CHILDREN, November–December 1968, p. 244), reported its recommendations for Federal action in relation to population and family planning. In making its recommendations, the Committee emphasized the importance of expanding domestic family planning programs intended primarily to further the health and welfare of the American people; of expanding Federal financial support for international programs; and of expanding efforts in research, education, and program planning.

In brief, its proposals for immediate consideration recommended that—

- The Federal Government take steps to expand family planning so that by 1973 such services will be available on a voluntary basis to all women who want but cannot afford them.
- The Department of Health, Education, and Welfare and the Office of Economic Opportunity develop specific 5-year plans to include service, research, training, and educational activities.
- The Office of Education assist appropriate educational agencies in developing materials on population dynamics and family life for all levels of education.
- The United States continue to expand its programs of international assistance in population and family planning as rapidly as funds can be properly allocated and effectively utilized.
- Specialists from other countries be invited to serve on advisory groups to the Federal Government for both domestic and international programs.
- The newly established Center for Population Research of the National Institute of Child Health and Human Development be expanded within 2 years into a separate National Institute for Population Research.
- The Federal Government provide basic support for existing population studies centers and for construction of additional centers primarily in universities.
- A Commission on Population be appointed by the President to report on the economic, educational, and social impact of population trends and report to the Nation by the end of 1970.

The Committee's report, entitled "Population and Family Planning: The Transition from Concern to Action," is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (Price: 30 cents.)

For youth

A 1969 National Summer Youth Sports Program to give 75,000 innercity young people a chance to participate in competitive sports was announced in March by Vice President Spiro T. Agnew. The program, to be carried out between June 1 and September 1, will make it possible for boys and girls between 12 and 18 years of age in 40 metropolitan areas to participate in swimming, gymnastics, track and field, basketball, and other sports at free day camps on college and university campuses. Under the overall direction of the President's Council on Physical Fitness and Sports, the program will be carried out by the National Collegiate Athletic Association with $3 million in funds from the Office of Economic Opportunity.

About 120 colleges, junior colleges, and universities will operate the day camps, modeled on sports programs for youngsters from innercity areas conducted by Ohio State University in Columbus and the University of Southern California in Los Angeles in the summer of 1968. College athletic coaches will serve as supervisors and college athletes as instructors and counselors. Some of the programs will also include jobs for young people from the innercity areas.

Each day camp will operate at least 4 days a week for at least 5 weeks and will serve at least 200 youngsters. Ac-

tivities will include at least 2 hours of individual and team sports a day for each youngster. One meal will be served in most programs; nutrition and health education will be offered; and transportation and medical examinations will be provided. At least one activity will be designed for girls.

Astronaut James A. Lovell is consultant for the program.

. . .

More students from poor families in the United States entered college in the fall of 1968 than ever before, according to a recent analysis of college enrollment by the Office of Education. About 11 percent of the first-time full-time students who enrolled in institutions of higher education last fall were from families with annual incomes of $5,000 or less, compared with 7.5 percent from the same income group in 1966. Much of the increase is attributed by the Office of Education to increased public and private aid made available to students following the Higher Education Act of 1965.

Education

On February 11, a statutory three-judge District Court of the United States for the Eastern District of Virginia decided that the Virginia tuition grant system was invalid and contravened the Constitution of the United States. Under the system, every child who applied could receive a State grant for tuition to a nonsectarian private elementary or secondary school. The court, in *Griffin* v. *State Board of Education*, following the United States Supreme Court's implied approval of recent rulings in similar cases, stated that the validity of a tuition plan must not "in any measure, no matter how slight, contribute to or permit continuance of segregated public school education."

In the Virginia case, the court interpreted the Supreme Court's refusal in 1968 to review lower court rulings invalidating tuition grant systems in Louisiana and South Carolina to mean that ". . . any assist whatever by the State towards provision of a racially segregated education, exceeds the pale of tolerance demarked by the Constitution." The further question, whether the tuition grant system did in fact contribute to the operation of a segregated school system, was resolved against the school board even though no motive or purpose to discriminate was shown. The court pointed out that the results indicated a continuation of segregated education and that was deemed sufficient. The court acknowledged the fact that parts of the tuition grant system might not have discriminatory effect, but citing the intendment of the Supreme Court and noting the impossibility of enforcing the law on a partial basis, declared the statutes to be of no vitality and ruled that the entire program must cease.

The court made it clear that its ruling applies only to grants for children able to attend regular classes of public schools and not to grants for the benefit of handicapped children.

Denying the requested restitution of funds, the court simply enjoined payments after June 1969, thus allowing students to finish this school year under the now invalid tuition plan.

. . .

Twenty public school districts with high percentages of school dropouts have been chosen to prepare formal proposals for dropout prevention projects that may serve as models for other school districts under the new Dropout Prevention Program administered by the Office of Education. These districts were selected from among 369 that submitted applications for grants under the program.

The new program, authorized under title VIII of the Elementary and Secondary Education Act, makes grants available to local educational institutions in rural and urban areas for projects to develop and demonstrate educational practices—innovative methods, systems, materials, or programs—which show promise in reducing the number of children who fail to complete their education. To qualify for the grants, the schools must have a high percentage of children from families with annual incomes of $3,000 or less and must have a high percentage of children who do not complete their elementary and secondary education.

The school districts chosen to submit proposals are at Tuskegee, Ala. (Macon County); Oakland, Calif.; Ft. Logan, Colo.; Hartford, Conn.; Miami, Fla. (Dade County); Honolulu, Hawaii; Paducah, Ky.; Baltimore, Md.; Fall River, Mass.; Detroit, Mich.; Minneapolis, Minn.; St. Louis, Mo.; Trenton, N.J.; Chautauqua County, N.Y.; Dayton, Ohio; Philadelphia, Pa.; Shannon County, S. Dak.; Texarkana, Arkansas-Texas; Seattle, Wash.; and Riverton, Wyo.

Grant awards, which will go directly to the local institutions with approval by the State education agency, will be announced in June. The projects which are finally approved are expected to begin operation in July.

Allergies

The prevalence of allergies in 763 Denver public school students increased from 21 to about 28 percent between the eighth and the 12th grades, according to studies made in 1963 and 1967 by Geraldine L. Freeman, M.D., and Samuel Johnson, M.D., with support from the Children's Bureau. The increase was largely due to the acquisition during the period of seasonal hay fever among 5 percent of the students.

In 1967, about 21 percent of the high school seniors showed signs of hay fever; 9 percent, perennial nasal allergies; 2.5 percent, asthma; and 2 percent each, eczema and hives. Nasal allergies improved or disappeared in 20 percent of the students affected between the ages of 13 and 17, but, at the same time, such allergies developed or became worse in another 25 percent. At the time of the 1967 survey, 43 percent of the students with allergies were receiving medical care.

The study found correlations between reporting of allergies in students and a high socioeconomic level (43 percent of students from families of high socioeconomic level had present or past allergies compared with 24 percent of those from families of low socioeconomic level) as well as between allergies in students and a family history of hypersensitivity (75 percent of the students with allergies had a close relative with allergies). More of the children who developed multiple allergies retained their symptoms during adolescence than those who had a single allergy. The study found no association between hay fever and the subsequent development of asthma.

Allergies did not significantly affect

school attendance among high school seniors in 1967. Boys and girls with allergies, who missed an average of 5.1 days of school during the year, reported that about one-quarter of their absences were related to allergies. Senior girls with allergies missed an average of 1 day of school more than girls without allergies.

The survey was conducted by mail and telephone.

Vital statistics

The infant mortality rate in the United States dropped to 21.7 per 1,000 live births in 1968—the lowest rate on record and a decrease of 1.8 percent from 1967, according to provisional estimates released by the National Center for Health Statistics, Health Services and Mental Health Administration. The total number of infant deaths declined, from an estimated 78,200 in 1967 to 75,300 in 1968.

The 1968 birth rate also hit a new low in 1968—17.4 live births per 1,000 population. According to provisional information for 1968, a total of 3,470,000 births were recorded, a 1-percent decline from 1967 and the lowest number since 1946. The fertility rate (number of births per 1,000 women from 15 through 44) continued a 12-year decline to 84.8 in 1968.

Marriages in 1968 reached the second highest number on record—2,059,000, or nearly 8 percent more than in 1967. The marriage rate of 10.3 marriages per 1,000 population in 1968 was the highest since 1951. Statisticians noted the current marriage boom is related to the high numbers of marriages and subsequent births immediately following World War II.

films on child life

Charges for rental or purchase may be obtained from distributors.

THE WAY IT IS. 16 mm.; 60 minutes; sound; black and white; rent or purchase.

Documents the efforts of a project, sponsored by New York University, in a junior high school in a disadvantaged area of Brooklyn, N.Y., to improve the academic achievement of seventh grade students with learning difficulties. Shows the teachers working with students in the classroom, discussing their problems at teachers' meetings, and visiting with the children's parents.

Audience: Teachers, parents, civic groups, and others concerned with the education of disadvantaged children.

Produced by: Harold Mayer Productions, Inc., for National Educational Television.

Distributed by: Audio-Visual Center, Indiana University, Bloomington, Ind. 47401.

MORE THAN LOVE. 18 minutes; sound; color; purchase.

Designed for boys and girls in the 11th and 12th grades, this filmstrip discusses the importance of good health practices in the earlier years of life before marriage to better the chances of having healthy children. It explains the dangers of some birth defects caused by poor diet, drugs, venereal disease, and prematurity, and emphasizes the importance of good prenatal care throughout pregnancy.

Audience: High school classes in health education, family life and sex education, social studies, and science; youth groups; and church and community organizations.

Produced by: Glenn Education Films, Inc.

Distributed by: Supply Division, The National Foundation-March of Dimes, 800 Second Ave., New York, N.Y. 10017.

ROBIN, PETER, AND DARRYL: THREE TO THE HOSPITAL. 16 mm.; 53 minutes; sound; black and white; purchase.

Produced specifically as an aid for teaching nursing students about the effects of maternal deprivation and children's reactions to hospitalization, this film depicts the experiences of three children aged 2 years 10 months who are hospitalized for minor surgery and separated from their parents for the first time.

Audience: Nurses, nursing students, medical students, psychologists, psychiatric social workers, and family life education workers.

Produced by: Department of Nursing, Faculty of Medicine, Columbia University, with direction by George C. Stoney Associates.

Distributed by: Center for Mass Communication of Columbia University, 440 West 110th St., New York, N.Y. 10025.

FEEDING YOUR YOUNG CHILDREN. 59 frames; 13 minutes; color; purchase (includes guide containing script).

This filmstrip presents guidelines to help parents provide their preschool children with the kinds of food they need for proper nourishment and that are at the same time appealing to them. It explains how such factors as growth rate, activity, and body size may affect a child's appetite, and offers suggestions on ways of creating a pleasant mealtime atmosphere.

Audience: All types of parent education groups, and classes in home economics, family living, dietetics, and nursing.

Produced by: National Dairy Council.

Distributed by: National Dairy Council, 111 N. Canal St., Chicago, Ill. 60606.

IN THE JOURNALS

Birth control attitudes

Many births out of wedlock might be prevented if birth control services were available to sexually active unmarried teenagers, suggest the authors of an article in the February 1969 issue of the quarterly, *Journal of Marriage and the Family.* ("Birth Control Knowledge and Attitudes Among Unmarried Pregnant Adolescents: A Preliminary Report," by Frank Furstenberg, Jr., Leon Gordis, and Milton Markowitz.) The authors report the results of interviews with 169 pregnant teenagers seen at the Family Obstetrical Clinic at Mt. Sinai Hospital, Baltimore, Md., in the first 15 months of a continuing study begun in 1966. All were Negro girls of low-socioeconomic status. Among other questions, the girls were asked about their sexual patterns prior to pregnancy, their reactions to pregnancy, and their knowledge, use of, and attitudes toward birth control.

The authors report that most of the girls began sexual activity 2 or 3 years after menarche and became pregnant about a year later. However, the great majority (83 percent) said they confined their sexual activity to one boy and 85 percent said they were continuing to see the father of their expected child—findings the authors interpret as a tendency toward sexual constancy, rather than promiscuity, among such girls.

The authors also report that while two-thirds of the girls had been extremely upset when they first discovered they were pregnant, at the time of conception they had not attempted to prevent the pregnancy from occurring but had left it up to the boy to take whatever precautions were used, if any. Only 22 percent of the girls had used any female birth control method, and among those who had, few had used either pills or intrauterine devices—in fact, many of the girls expressed fears about the safety of these methods.

Most of the girls realized that they did not have adequate knowledge about birth control methods and, with few exceptions, seemed eager to learn about them, the authors report. They conclude that the success of any birth control program among adolescents will depend on dispelling misconceptions and alleviating anxieties about methods and making the methods more accessible.

A social dilemma

The essential need of seriously disturbed children who have been reared in poverty is to develop trust in another human being, say Herta Mayer and Gerald Schamess in the March 1969 issue of *Social Casework.* ("Long-Term Treatment for the Disadvantaged.") The authors are respectively child guidance clinic supervisor and consultant in group therapy for the Jewish Board of Guardians in New York City. Maintaining that such a process is "most effectively promoted by a long-term relationship with a stable person in a benign environment," they describe a treatment method that combines interview sessions, directed toward helping the child express and understand his feelings, with the provision of experiences intended to increase his sense of adequacy and independence.

White therapists dealing with Negroes, the authors warn, must be able to examine their own prejudices honestly, if they are to be able to help the client express his anger, hurt, and frustration.

Pointing out that learning difficulties often play an important part in the development of the child's pathology, the authors suggest that children with such problems need a benign person "who can increase the pleasure of learning" and that, in their experience, this person can sometimes be a tutor and therapist combined, working under a therapist's supervision—especially when the members of the family deny the existence of emotional problems.

They describe a case in which a Negro child born out of wedlock and his rejecting mother were assigned to the same teacher-therapist, who, in addition to helping them work through their hostile feelings toward themselves, each other, and the white community, provided such practical services for the whole family as helping the child's older brother secure a job and working out better school programs for the other children. During the 4 years the services were provided, the boy gradually achieved greater self-respect and marked improvement in his school work and social relationships, the authors report.

In conclusion, the authors recognize the social dilemma presented by the demands of such long-term treatment on scarce professional time and financial resources in the face of the many social ills calling for remedy today. They insist, however, that treatment methods must be appropriate to the case and that therefore a range of methods, including both long-term treatment and "new methods of intervention," must be available.

Mentally retarded

Because of their commitment to making good the deficiencies in childhood environments, child welfare services have special relevance for mildly retarded children who have no obvious biological impairment, say Margaret E. Adams and Ralph W. Colvin in an article in the March 1969 issue of *Child Welfare.* ("The Deprivation Hypothesis: Its Application to Mentally Retarded Children and Their Needs.") The authors, both employed in research at the Child Welfare League of America when they wrote the article, cite numerous studies indicating that the retardation in many such children is a reaction to a conspicuously deficient environment within the family, the community, or both.

Early identification of the problem, in its manifestation or as a threat, is essential for preventing or alleviating environmentally induced retardation, the authors assert. They cite various forms of child welfare services that can be of help:

- Day-care services to provide an enriched environment.
- Homemaker services to improve the child's home environment.
- Parental counseling to help parents function more effectively.
- Services to unmarried parents to bring some form of stability to the child's life.

• Individualized foster care, especially placement in families in which the child's particular needs "are matched with the parents' wish to play a consciously rehabilitative role."

• Adoption, for children who are eligible for adoption and whose retardation, as indicated by careful social and psychological diagnosis, is not irremediable.

Iron deficiency anemia

Studies showing a high prevalence of iron deficiency anemia in infants and preschool children who live in the inner cores of our large cities should stimulate public health programs similar to those that wiped out rickets and scurvy from preceding generations of children, Margaret F. Gutelius, M.D., declares in the February 1969 issue of the *American Journal of Public Health.* ("The Problem of Iron Deficiency Anemia in Preschool Negro Children.") She found iron deficiency anemia, as defined by a hemoglobin concentration below 10 grams per 100 milliliters of blood serum, in 29 percent of the 460 apparently normal children under 6 years of age who attended well-baby clinics at the child health center of Children's Hospital in Washington. D.C., in 1965.

Dr. Gutelius suggests that the actual incidence of iron deficiency anemia in Washington children may be higher than her study showed. Her study did not include 340 children who had previously had hemoglobin level determinations at the health center because the doctors suspected they might have anemia, nor did it include the "unknown number" of children from poor, disorganized families who did not attend the health center.

Among the findings were: iron deficiency anemia reached a peak in children between 12 and 17 months of age, occurring in 65 percent of those in this age group; of the 17 children who were tested before they reached 6 months of age, one-third had anemia; severe anemia was present in only 7 percent of the children. Dr. Gutelius suggests that although many children overcome anemia between the ages of 3 and 5 years, their hemoglobin levels remain in the borderline range for many years.

READERS' EXCHANGE

KESSLER, ABLON, AND SMITH: *Problems of reality*

The article by Jane W. Kessler, Gridth Ablon, and Edith Smith, "Separation Reactions in Young, Mildly Retarded Children" (CHILDREN, January–February 1969), presents the main issues well. The comments on the meaning of various reactions in the child, the possibility of increasing mothers' ability to interpret behavior of the child, and the ease with which insensitivity can be rationalized are particularly well set forth.

The problem that is not discussed, however, has to do with reality. The article ends with acknowledgement that so intense an adult-child ratio, so complete a program, and so well oriented a research attitude can probably not be multiplied to reach a service level of significance. However, such demonstrations can serve as models from which principles can be derived, as in this paper, for application in more realistic situations.

The authors have, however, failed to face another aspect of reality. The children are referred to as mildly retarded, though the IQ of the child in the case example is only 45. While in densely populated areas enough such children might be gathered together without bussing, which the authors apparently feel may exacerbate separation reactions, such cases are so rare in most other situations as to make bussing almost unavoidable. Furthermore, the children most needing the care described have mothers who, because of other duties or by reason of having to work, cannot spend several weeks in assauging separation reactions or making them easier to endure. It may be that an evaluation will have to be made as to whether the assets of the program justify avoiding the living through of the separation anxiety. Indeed the separation anxiety may have to be experienced by the child whether or not there is a program.

In some cases, separation anxiety may have to be alleviated by having staff members of the school, who actually may be more mobile than the mothers, go to the homes of the children in the evening when working mothers are at home. Or a visit may have to be made to the daytime caretaker of the child—a neighbor, a relative, or a day-care center. And it would appear that every effort should be bent to shorten the period in which separation reactions are important so that the program may be more useful in the real world.

Paul V. Lemkau, M.D.
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School of Hygiene and Public Health
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ANDRONICO AND GUERNEY: *Study needed*

The discussion on "filial therapy" and Head Start clarifies only that a psychotherapeutic aide may be therapeutic. ("Case Conference: A Psychotherapeutic Aide in a Headstart Program: I. Theory and Practice," by Michael P. Andronico and Bernard G. Guerney, CHILDREN, January-February 1969, and Readers' Exchange, CHILDREN, March-April 1969.)

It seems to me that rather than continue to debate, the authors and discussors would do better to set up some sort of comparison, utilizing trial and control groups, to answer the questions which logically arise from their pilot observations:

• Was the natural history of development significantly altered?

• Was the change related to the therapy offered?

• What factors in the child and the Head Start program influenced the outcome?

• Was the therapy effective and economical, compared with other types?

I would ask the identical questions of the Head Start program itself.

Avrum Labe Katcher, M.D.
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Hunterdon Medical Center
Flemington, N.J.

GIL: *An expensive proposal*

I would like to comment on the cost of the proposal made by David G. Gil in the November-December 1968 issue of CHILDREN. ("Mothers' Wages—One Way To Attack Poverty.")

In brief, Dr. Gil proposes establishing a system of family allowances, with a uniform annual amount of $4,680 being paid to each mother with children under age 18. The amount would be reduced in an unexplained manner for such mothers who engage in employment. The proposal would be financed in a rather indefinite way—through the program of Old Age Survivors and Disability Insurance (OASDI) by raising the earnings base for Social Security contributions and from general revenues (apparently, solely as a result of eliminating the deductions for child dependents for income tax purposes).

No specific cost figures are given for this proposal, even though they are relatively easy to compute. About 29.4 million mothers would be involved under this proposal. One big question is the extent to which benefits would be reduced for working mothers, and then how many such mothers would cease work because it would no longer be attractive financially to be employed.

I estimate that at the minimum this proposal would cost $115 billion per year currently, while at the maximum, it would cost $140 billion. Increasing the OASDI earnings base and applying the current OASDI contribution rate to the additional taxable payroll would yield only $5 billion per year, or far short of the needed revenues. Similarly, the additional income tax resulting from eliminating exemptions for child dependents would not meet much of the colossal cost involved. It might be pointed out that if the proposal were to be financed entirely by a payroll tax on the present OASDI taxable payroll, a rate of 29 percent would be required according to the minimum estimate, and a rate of 35 percent of taxable payroll would be required under the maximum estimate.

Robert J. Myers
Chief Actuary
Social Security Administration

Author's response

I fully agree with Mr. Myers that compensating mothers for the essential task they perform on behalf of society would involve a considerable level of transfer payments. I differ, however, with his estimates. If all of the 28.6 million mothers in this country who have children under 18 years of age were entitled to wages the maximum cost would be under $134 billion, assuming an annual wage of $4,680 per mother. At the present time, over 9.9 million mothers are in the work force and thus would be entitled only to a small fraction of mothers' wages, thus decreasing program costs to about $90 billion. Some mothers—and no one knows how many—might, of course, withdraw from the labor market once the mothers' wages became available, thus increasing overall costs of the program.

Experimentation would certainly be needed to gain an understanding of the effects of the program on mothers in the work force so that better fiscal prediction would be possible. Mr. Myers failed to note that the income on mothers' wages, even under current income tax law, would result in the recoupment by the Federal Government of at least $25 billion. Furthermore, $2.5 billion in current payments for aid to families with dependent children (AFDC) would be saved and the entire AFDC program would cease to exist—a highly desirable by-product of any income maintenance program. Additional savings in other public welfare programs would also occur.

Having raised some questions concerning Mr. Myers' cost estimates, I would submit that the proposal for mothers' wages should be examined in terms of its human values and long-range social and economic benefits, and more specifically in terms of social justice and equal rights for women, rather than in short-range fiscal terms. Eliminating poverty and relative deprivation from our affluent society requires far-reaching redistribution of our national wealth and income as well as a major reorientation of our national priorities. What is needed are major reforms in our existing inequitable income tax system through higher tax rates for middle- and upper-income groups and closing some of the tax loopholes available to the well-to-do. According to a recent report to Congress by Joseph W. Barr, former Secretary of the Treasury, some $50 billion in taxes are not collected annually because of special provisions serving selected interest groups.

If this country had a truly equitable tax program, then transfer payments of even $100 billion or more would not be unrealistic. The issue then comes down to national readiness to reorganize our societal priorities, and to put social justice and equal social and economic opportunity for all, including all women, at the top of the national agenda.

When we view an activity as important and in the national interest, as we do our space program or our national defense, we are not discouraged by "colossal costs." Why then is "colossal" too high a price to pay for a better society?

David G. Gil
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correction

The editor apologizes for two errors that crept into L. Joseph Stone's contribution to the Readers' Exchange section of the March–April 1969 issue of CHILDREN (see p. 87): (1) parentheses instead of commas in a sentence that *should* have read: "In fact, neither 'congition,' Piaget, Bereiter, nor psychoanalysis, Spitz or Deutsch is new; new, that is, in the sense of offering us new goals. . . ."; (2) a verb change in a sentence written to read: "But surely the educational goals of the two camps—whichever camp one takes to be manned by the good guys—are not different. . . ." Dr. Stone was commenting on an article by Milton J. E. Senn, M.D., "Early Childhood Education—For What Goals?" (CHILDREN, January–February 1969.)

U.S. Government Publications

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

HEW refers to Department of Health, Education, and Welfare; SRS, to Social and Rehabilitation Service.

FINANCIAL ASSISTANCE PROGRAMS FOR THE HANDICAPPED. HEW, Office of the Assistant Secretary for Community and Field Services. 1968. 98 pp. $1.

Gives brief information on the purpose, application procedures, information contact, available literature, and authorizing legislation of 68 programs administered by constituent agencies of HEW that provide grants for services to handicapped persons.

SUMMER '68: a summary report. The President's Council on Youth Opportunity. 1968. 16 pp. Single copies free from the Council.

Presents figures on employment of young people from 16 through 21 years old by Government and private industry in the summer of 1968 and gives highlights of summer programs for youth.

THE NATION'S YOUTH: a chart book. HEW, SRS, Children's Bureau, and Population Reference Bureau. CB Publication No. 460. 1968. 108 pp. $1.

Includes 44 charts presenting some current data on the status, living conditions, and experiences of children and youth—on population under 25 and place of residence; family size, composition, and income; working mothers and child care; teenage mothers, married and unmarried; education; employment; military service; juvenile delinquency; and various aspects of health.

CYCLE TO NOWHERE. Paul Good. U.S. Commission on Civil Rights. Clearinghouse Publication No. 14. 1968. 53 pp. 60 cents.

Reports on discriminatory practices against Negroes in rural and semiurban areas in 16 counties in Alabama and how such practices bind them to a life of poverty, as reported in testimony given to the Commission on Civil Rights in Montgomery, Ala., in 1968.

SUPPLEMENT TO CHILD WELFARE STATISTICS, 1967: adoptions in 1967. HEW, SRS, Children's Bureau. CB Statistical Series No. 92. 1968. 13 pp. Single copies free from the Bureau.

Contains estimates on the number of children adopted through public or voluntary social agencies in 1967, by relationship of child to adoptive parents, type of placement, and age, race, and birth status of adopted child—showing a higher number of adoptions by nonrelatives than in 1966, but a lower number than the average for the 5 preceding years.

NATIONAL TRENDS IN SERVICES TO UNMARRIED PARENTS. 10 pp.
EFFECTIVE PATTERNS OF SERVICES TO UNMARRIED PARENTS. 8 pp.

Ursula M. Gallagher. HEW, SRS, Children's Bureau. 1968. Single copies free from the Bureau.

The first discusses trends, the second, patterns of health (medical), educational, social services, and other services for unmarried parents.

DESIGN FOR ALL AMERICANS: a report of the National Commission on Architectural Barriers to Rehabilitation of the Handicapped. HEW, SRS, Rehabilitation Services Administration. 1967. 54 pp. 50 cents.

Cites the problems that architectural barriers in public buildings and facilities present to handicapped people; reviews progress in making buildings more accessible; and recommends action for further progress.

ACHIEVEMENTS AND CHALLENGES: the HEW forum papers. Second series, 1968–69. HEW, Office of the Secretary. 1969. 45 pp. Single copies free from the Department.

Contains five lectures given by the former secretary of the Department of Health, Education, and Welfare and his assistants on the social issues confronting those who make social policy.

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